March 2003

Results from the 2002 Indiana Adult Tobacco Survey

Comprehensive Report

Prepared for

Indiana Tobacco Use Prevention and Cessation
Indianapolis, IN

Prepared by

RTI International
3040 Cornwallis Road
P.O. Box 12194
Research Triangle Park, NC 27709-2194

and

American Institutes for Research–Prospect Center
10720 Columbia Pike, Suite 500
Silver Spring, MD 20901

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RTI INTERNATIONAL

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Prepared by

Jeff Niederdeppe
James Hersey, Ph.D.
Ghada Homsi
Drew Lindsey
Lisa Carley-Baxter
RTI International*
3040 Cornwallis Road
P.O. Box 12194
Research Triangle Park, NC 27709-2194

and

Alec Ulasevich, Ph.D.
Doug Evans, Ph.D.
Sara Ray
American Institutes for Research–Prospect Center
10720 Columbia Pike, Suite 500
Silver Spring, MD 20901

*RTI International is a trade name of Research Triangle Institute.

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1. INTRODUCTION

This report builds on findings presented in our previous report, "Results from the 2002 Indiana Adult Tobacco Survey: Highlights Report" (Hersey et al., 2003). The procedures described and evaluated in this report were carried out by RTI under contract to American Institutes for Research (AIR) and subcontract to Indiana Tobacco Use Prevention and Cessation (ITPC).

The Adult Tobacco Survey (ATS), developed by the Centers for Disease Control and Prevention (CDC), was adapted by ITPC by adding questions designed specifically for Indiana in order to serve as a surveillance measure for statewide tobacco use prevalence among adults. AIR's "Plan for a Comprehensive Evaluation of Indiana Tobacco Control Programs" (Evans, Ray, and Ulasevich, 2002) describes the role of the Indiana ATS in gauging the impact of ITPC programs. The purpose of the study is to evaluate

- smoking habits of adults living in Indiana,
- prevention and cessation programs and how they affect smokers and nonsmokers, and
- health concerns and opinions about smoking and cessation programs.

The 2002 Indiana ATS provides baseline data against which to assess progress toward Indiana objectives for 2005. In addition, the 2002 Indiana ATS provides opportunities to address three key questions central to ITPC programs:

- Which demographic groups are most likely to smoke and least likely to quit?
- What programs and/or specific messages are likely to work among these populations?
- How can ITPC programs reach target audiences with information and services?

The 2002 Indiana ATS provides data to explore various risk factors for smoking and examine factors that influence quit intentions and behavior (including tobacco-related beliefs, insurance coverage for cessation services, physician advice, and awareness of cessation resources). The survey also allows ITPC to gauge awareness of tobacco-related beliefs and opinions about tobacco control policy, gauge awareness of exposure to tobacco advertising and antitobacco programs, and explore relationships between program awareness and targeted attitudes. Each of these analyses are linked to ITPC outcome objectives and can help ITPC program planners to identify priority populations, identify informational targets to affect change, and tailor interventions to meet the needs of at-risk populations.

The remainder of this report is organized to address these issues:

- Section 2 briefly describes the methods used to collect Indiana ATS data and analytic strategies employed to provide precise estimates among Indiana adults.
- Section 3 summarizes cigarette use among Indiana adults, compares Indiana ATS results to the 2001 Indiana Behavioral Risk Factor Surveillance System (BRFSS) survey, and identifies specific demographic groups at the highest risk for smoking. In addition, the section describes intentions about quitting smoking and actual cessation behavior among Indiana

adults and explores demographic factors that are associated with lower quit intentions and cessation-related behavior among current smokers.

- Section 4 explores factors associated with quit intentions, quit attempts, and sustained cessation, including tobacco-related knowledge and attitudes, physician advice, having health insurance with coverage for cessation services, self-efficacy, awareness of cessation resources, and rules prohibiting smoking in the home.
- Section 5 examines awareness of pro- and antitobacco messages and examines relationships between exposure and tobacco-related knowledge and attitudes.
- Section 6 examines support for tobacco control policies among Indiana adults and examines the relationship between pro- and antitobacco message awareness and policy support.
- Section 7 concludes with an integrative summary of findings.

Appendices to this report present detailed tables of survey findings.

2. DATA AND METHODS

2.1 Sampling Procedure

The Indiana ATS gathered information from 1,903 Indiana adults between October 30, 2002, and December 22, 2002. The survey included smokers and nonsmokers. The study design oversampled African-American and Hispanic populations, as well as adults in more rural regions of the state. Each case selected for the study came from a random sample of phone numbers for households in Indiana. In addition, we oversampled households for which we had an address match (60 percent of our sample). Cases for which we had an address were sent a lead letter briefly describing the study and asking for their participation. Lead letters have been shown to improve response rates; therefore, we chose a higher proportion of our sample from address-matched households.

Approximately 75,500 calls were made to sample members, with completed cases receiving 9,300 calls and noncompleted cases receiving 66,100 calls. Completed cases received an average of 4.9 calls, while noncompleted cases received an average of 7.8 calls. Number of calls per case ranged from 1 to 39. Weekday nights (Monday through Thursday, after 5 p.m.) were our most successful time for completing interviews, with 62 percent of our interviews completed during this period. Approximately 18 percent of our interviews were completed on weekend days, 15 percent on weekdays (before 5 p.m.), and 5 percent on weekend nights (Sunday after 5 p.m.)

2.2 Sample Characteristics

Table 2-1 presents the final unweighted sample characteristics by age group, gender, race/ethnicity, geographic region, education, income, employment status, marital status, the presence of other smokers in the household, having given birth in the past 5 years, the presence of children living in the household, and having health insurance. All estimates presented in this report were post-stratified and weighted to account for the stratified sampling design and to reflect actual demographic breakdowns in Indiana. In general, estimates for all Indiana adults are accurate within ± 3 percentage points; estimates for the characteristics of smokers are accurate within ± 5 percentage points.

Appendices to this report present results by gender (Appendix A), age group (Appendix B), race/ethnicity (Appendix C), and geographic region (Appendixes D and E). All appendix tables include weighted results and 95 percent confidence intervals.

Table 2-1. 2002 Indiana ATS Unweighted Sample Characteristics

Demographic Group	N	Percentage (%)
Overall	1,903	100.0
Age Group		
Ages 18 to 24	223	11.7
Ages 25 to 34	383	20.1
Ages 35 to 49	570	30.0
Ages 50 to 64	381	20.0
Ages 65+	325	17.1
Gender		
Female	1,123	59.0
Male	780	41.0
Race/Ethnicity		
White/Caucasian	1,319	69.3
Black/African-American	355	18.7
Hispanic/Latino	135	7.1
Other	74	3.9
Geographic Region		
Northwest	303	15.9
North Central	166	8.7
Northeast	217	11.4
Central West	174	9.1
Central–Indianapolis	471	24.8
Central East	203	10.7
Southwest	192	10.1
Southeast	177	9.3
Education		
High School or Less	913	48.0
Some College/Vocational	530	27.9
College Degree or More	448	23.5

(continued)

Table 2-1. 2002 Indiana ATS Unweighted Sample Characteristics (continued)

Demographic Group	N	Percentage (%)
Income		
< $20,000 a Year	329	17.3
$20,000–$50,000 a Year	877	46.1
> $50,000 a Year	495	26.0
Declined to Report	202	10.6
Employment Status		
Employed	1,158	60.9
Not Employed	742	39.0
Marital Status		
Married	897	47.1
Not Married or Separated	997	52.4
Other Smokers in the Household		
Yes	519	27.3
No	1,382	72.7
Gave Birth in Past 5 Years		
Yes	200	10.5
No	1,682	88.4
Children Living in Household		
Yes	780	41.0
No	1,121	58.9
Has Health Insurance		
Yes	1,599	84.0
No	280	14.7

3. CIGARETTE USE, QUITTING INTENTIONS, AND QUITTING BEHAVIOR

3.1 Introduction

In 2001, the Indiana Tobacco Board established a set of 19 measurable objectives to be achieved by 2005. The first of these objectives is as follows:

Objective 1: Decrease the overall cigarette smoking rate in Indiana from 27 percent to 22 percent.

The ITPC's Comprehensive Evaluation Plan identified the Indiana BRFSS as the primary data source to gauge changes in smoking behavior among Indiana adults (Evans, Ray, and Ulasevich, 2002). Indiana ATS analyses can be used to complement the BRFSS and serve as a validation check on BRFSS estimates. In addition, the Indiana ATS collects information about quitting intentions and quit behavior among Indiana adults. These data can be used to identify demographic groups at the highest risk for continued smoking. These analyses can help ITPC planners tailor programs to meet the needs of these priority populations and ensure progress toward 2005 outcome objectives.

3.2 How Many Indiana Adults Smoke Cigarettes?

We first present estimates of the number of current smokers, former smokers, early smokers, and never smokers from the 2002 Indiana ATS (Table 3-1). Current smokers are defined as having smoked at least 100 cigarettes in their lifetime and report that they now smoke cigarettes "every day" or "some days." Former smokers are defined as having smoked at least 100 cigarettes in their lifetime but now report that they smoke cigarettes "not at all." These definitions are consistent with those used in the BRFSS. Early smokers are defined as having smoked less than 100 cigarettes in their lifetime but now report that they smoke cigarettes "every day" or "some days." Never smokers report that they have never smoked 100 cigarettes in their lifetime and currently smoke cigarettes "not at all."

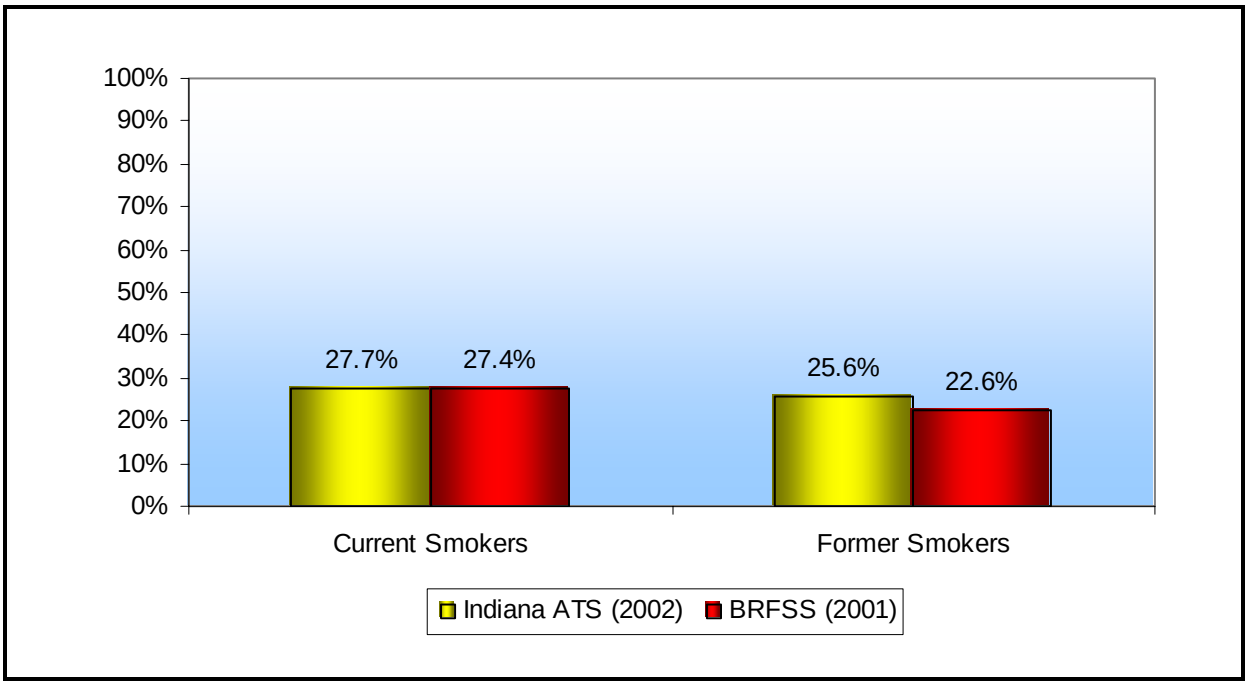
Next, we compare results from the 2002 Indiana ATS to the most recent Indiana BRFSS data available (2001). Figure 3-1 demonstrates that smoking status classifications are remarkably similar between surveys. Based on results from the 2002 ATS, we estimate that 27.7 percent of Indiana adults are current smokers, compared with an estimated 27.4 percent from the 2001 BRFSS. More than one-fourth (25.6 percent) of Indiana adults are classified as former smokers in the ATS, compared with 22.6 percent from the BRFSS. This difference is not statistically significant.

The Indiana ATS was designed to provide a broader range of information regarding tobacco issues than was available from the BRFSS. Nonetheless, the fact that these two surveys yield such similar estimates for the rate of smoking in Indiana increases our confidence in the accuracy of information that the Indiana ATS provides about issues that are not covered in the BRFSS.

Table 3-1. Smoking Status, Detailed Definitions

Demographic Group	Percentage (%) [95% CI]
Current Smokers (CDC Definition)	27.7
Lifetime >100 cigarettes, currently smoke some days or every day	[24.9–30.6]
Early Smokers	0.6
Lifetime <100 cigarettes, currently smoke some days or every day	[0.0–1.1]
Former Smokers	25.6
Lifetime >100 cigarettes, currently do not smoke	[22.6–28.6]
Never Smokers	46.1
Lifetime <100 cigarettes, currently do not smoke	[42.9–49.3]

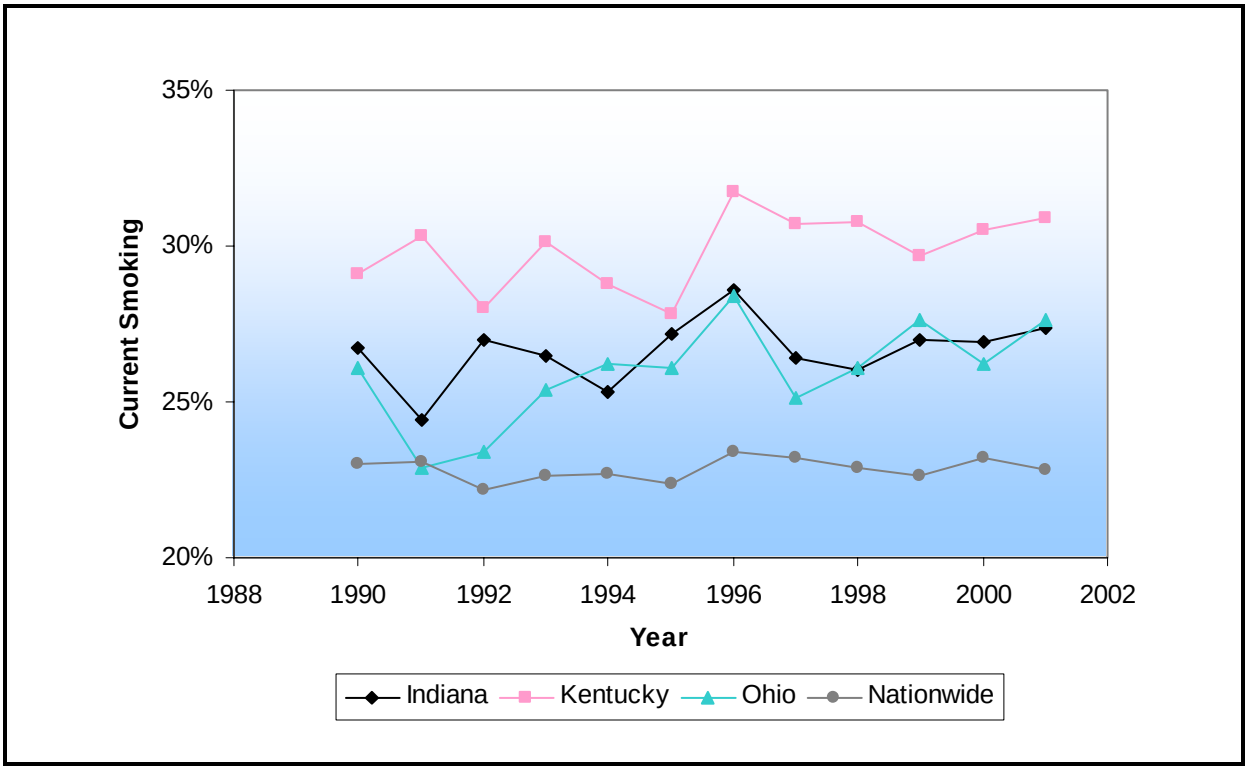
Figure 3-1. Smoking Status, 2002 Indiana ATS and 2001 Indiana BRFSS



3.3 How Do Indiana Smoking Rates Compare to Neighboring States and National Averages?

Figure 3-2 compares Indiana adult smoking rates from the BRFSS to results observed in neighboring states and national estimates. Fewer Indiana adults smoked in 2001 (27.4 percent) than their Kentucky neighbors (30.9 percent) ($p < 0.05$). Adult smoking rates (2001) were nearly identical in Indiana and Ohio (27.6 percent). However, Indiana adults smoked at much higher rates than the national average in 2001 (22.8 percent) ($p < 0.05$). These findings underscore the importance of tobacco control efforts in Indiana.

Figure 3-2. Current Smoking (BRFSS), Indiana vs. Neighboring States and National Averages



3.4 Which Demographic Groups are Most Likely to Smoke?

Program planners can identify priority populations for interventions by exploring which demographic groups are the most likely to smoke. In this section, we use multinomial logit models with odds ratios (ORs) to explore demographic characteristics that increase the likelihood of current smoking. These models isolate the independent contribution of a variety of demographic characteristics (age group, gender, race/ethnicity, region (combined into two groups due to sample size restrictions), education, income, employment status, marital status, the presence of other smokers in the household, having given birth in the past 5 years, the presence of children living in the household, and having health insurance) to the likelihood of Indiana adults being current smokers. The OR represents the odds of being a current smoker based on each

demographic characteristic. For example, an OR of 1.53 for males would mean that males are 53 percent more likely than females (the comparison group) to be current smokers. Table 3-2 presents the odds of current smoking by each demographic characteristic. Statistically significant results ($p < 0.05$, two-tailed) are presented in bold in the table and discussed in the text.

Model results indicate that males were 53 percent more likely than females to be current smokers ($p < 0.05$). Hispanics were 68 percent less likely than Whites to be current smokers ($p < 0.05$), but no differences were observed between African-Americans and Whites. We observed no differences in the likelihood of smoking by age, region, education, household income, employment status, or having health insurance.

The presence of other smokers in the household was overwhelmingly the strongest predictor of current smoking. Individuals living with smokers were more than 15 times more likely to smoke than individuals who live without smokers (OR = 15.73) ($p < 0.05$). In addition, unmarried or separated respondents were more than 3 times more likely to smoke than those who were married at the time of the survey (OR = 3.62) ($p < 0.05$). Results suggest that women who gave birth in the past 5 years were 84 percent more likely to smoke than all other respondents, while respondents living with children in the household were 59 percent more likely to smoke ($p < 0.10$). However, these results were only marginally significant ($p < 0.10$) and thus must be interpreted with caution.

3.5 How Many Indiana Smokers Want to Quit?

Indiana will need to increase the proportion of Indiana adults who successfully quit smoking in order to meet 2005 program objectives. Behavior change theory suggests that smoking cessation is a gradual process (Fishbein and Ajzen, 1975; Prochaska and DiClemente, 1983). These models suggest that intentions to quit smoking are among the strongest predictors of successful cessation. Sustained cessation may also require multiple quit attempts. As a result, evaluators should monitor the proportion of Indiana adult smokers who intend to quit and make quit attempts to gauge progress toward achieving program objectives.

Figure 3-3 shows the number of current smokers in Indiana who indicate they want to quit smoking in the future. Although 86.3 percent expect to quit smoking sometime in the future, only 61.9 percent are seriously considering quitting smoking within the next 6 months. Furthermore, only 24.6 percent of Indiana adult smokers say they are planning to quit smoking within the next 30 days. This finding highlights the challenge faced by Indiana tobacco control efforts in encouraging smokers to make a commitment to quit smoking.

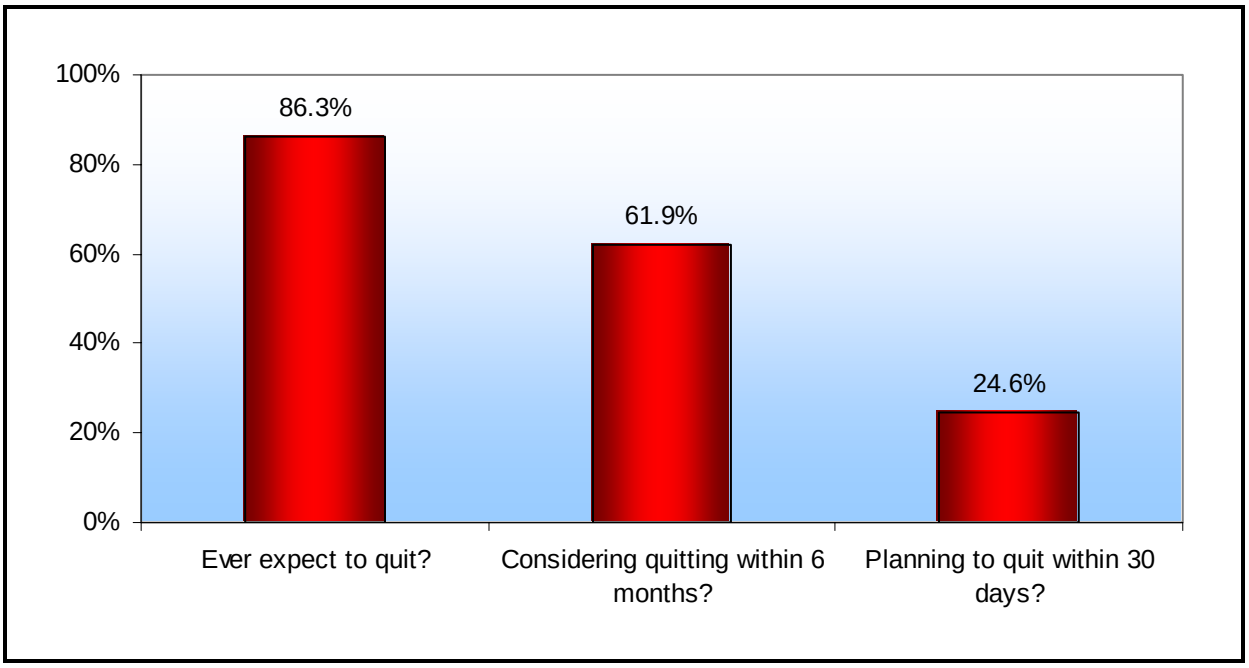
Table 3-2. Likelihood of Current Smoking by Demographic Group

Demographic Group	Odds Ratio [p-value]
Age	1.01 [0.28]
Gender (compared to Female)	
Male	**1.53*** [0.04]
Race/Ethnicity (compared to White)	
Black/African-American	0.61 [0.10]
Hispanic/Latino	**0.32*** [0.04]
Other	0.63 [0.38]
Geographic Region (compared to the other four regions)	
Northwest, Central West, Central East, Southeast	1.20 [0.36]
Education (compared to college or more)	
High School Diploma or Less	1.52 [0.12]
Some College/Vocational	1.36 [0.28]
Household Income (compared to $50,000 or more)	
<$20,000	1.63 [0.14]
$20,000–$50,000	0.99 [0.96]
Employment Status	
Not Employed	0.92 [0.69]
Marital Status	
Not Married or Separated	**3.62*** [0.00]
Other Smokers in Household	
Yes	**15.73*** [0.00]
Gave Birth in Past 5 Years	
Yes	1.84† [0.07]
Children Living in Household	
Yes	1.59† [0.06]
Have Health Insurance	
No	0.81 [0.47]

*OR significantly different from 1 ($p < 0.05$).

†OR marginally significantly different from 1 ($p < 0.10$). †

Figure 3-3. Quit Intentions (Current Smokers)



3.6 How Many Indiana Smokers Have Tried to Quit Smoking?

Figure 3-4 presents the proportion of Indiana adults who tried to quit smoking in the past year. Nearly half of current smokers tried to quit in the past year (48.5 percent). Among those who smoked in the past year, only 1 out of 10 (10.3 percent) successfully quit smoking (defined in terms of quitting for at least 1 month). This difference highlights the importance of Indiana efforts to reduce the gap between quit attempts and successful cessation. Interventions such as support and encouragement of smokers to take advantage of cessation programs and cessation products may be particularly helpful.

3.7 Which Demographic Groups are Least Likely to Have Intentions to Quit, Make Quit Attempts, and Successfully Quit?

ITPC can also identify priority populations for interventions by exploring which demographic groups are the least likely to quit smoking. In this section, we use multinomial logit models with ORs to explore demographic characteristics that increase the likelihood of intending to quit in the next 30 days, having made a quit attempt in the past year, and successfully quitting in the past year. Intentions to quit in the next 6 months is also an important consideration for tobacco control programs, since these individuals are more likely to progress toward successful cessation than those without intentions to quit (Ockene et al., 1991). However, predictors of intentions to quit in 6 months were nearly identical to those for intentions to quit in 30 days, a more proximate time frame. As a result, we focus the remainder of the report on predictors of intentions to quit in the next 30 days.

Figure 3-4. Quit Attempts, Past Year

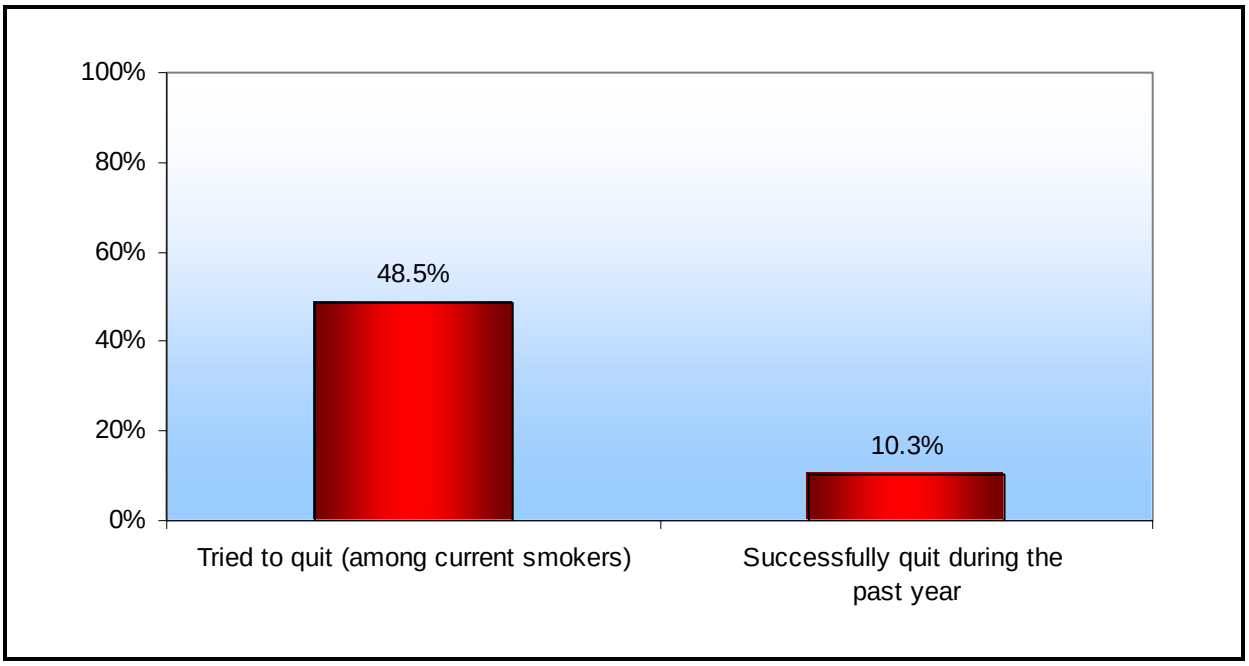


Table 3-3 presents the odds of quit intentions, quit attempts, and quit success by each demographic characteristic. Statistically significant results ($p < 0.05$) are presented in bold in the table and discussed in the text.

Results present compelling differences between quit intentions, quit attempts, and actual quit success. Older Indiana adults were more likely to intend to quit in the next 30 days than their younger counterparts ($p < 0.05$) but were no more likely to succeed.

African-Americans were more likely than Whites to intend to quit (OR = 2.90) ($p < 0.05$) and to make quit attempts in the past year (OR = 2.11) ($p < 0.05$). However, African-Americans were no more likely than Whites to successfully quit.

Similar results were observed by geographic region. Respondents living in the Northwest, Central West, Central East, or Southeast were more than 2 times more likely than other respondents to have quit intentions (OR = 2.04) ($p < 0.05$) and make quit attempts (OR = 2.33) ($p < 0.05$); however, respondents from these regions were no more likely to quit than individuals from the rest of the state.

No differences in quit intentions, attempts, or success were observed between males and females. Women who gave birth in the past 5 years were 2.46 times more likely than others to make quit attempts ($p < 0.05$), but these women were no more likely to succeed. Overall, these discrepancies imply that barriers exist between quit intentions, quit attempts, and successful cessation.

Table 3-3. Likelihood of Quit Intentions and Behavior by Demographic Group

Demographic Group	Intention OR [p-value]	Attempts OR [p-value]	Success OR [p-value]
Age	**1.03*** [0.01]	1.00 [0.77]	0.97 [0.16]
Gender (compared to Female)			
Male	1.17 [0.62]	1.04 [0.89]	1.02 [0.96]
Race/Ethnicity (compared to White)			
Black/African-American	**2.90*** [0.00]	**2.11*** [0.04]	0.77 [0.59]
Hispanic/Latino	1.63 [0.45]	2.67 [0.11]	0.71 [0.78]
Other	0.38 [0.22]	0.43 [0.14]	N/A N/A
Geographic Region (compared to four other regions)			
Northwest, Central West, Central East, Southeast	**2.04*** [0.03]	**2.33*** [0.00]	0.79 [0.64]
Education (compared to college or more)			
High School Diploma or Less	0.61 [0.31]	0.48† [0.07]	0.85 [0.79]
Some College/Vocational	0.72 [0.51]	0.74 [0.48]	1.91 [0.30]
Household Income (compared to $50,000 or more)			
<$20,000	0.71 [0.54]	1.06 [0.90]	0.57 [0.53]
$20,000–$50,000	0.64 [0.23]	1.11 [0.76]	1.64 [0.39]
Employment Status			
Not Employed	0.64 [0.25]	1.32 [0.34]	0.61 [0.34]
Marital Status			
Not Married or Separated	1.28 [0.53]	1.37 [0.31]	**0.09*** [0.00]
Other Smokers in Household			
Yes	0.79 [0.53]	0.73 [0.34]	**0.02*** [0.00]
Gave Birth in Past 5 Years			
Yes	2.57† [0.06]	**2.46*** [0.05]	0.22 [0.13]
Children Living in Household			
Yes	1.44 [0.31]	0.95 [0.85]	0.83 [0.67]
Have Health Insurance			
No	0.64 [0.20]	0.58 [0.10]	**3.56*** [0.03]

*OR significantly different from 1 ($p < 0.05$).

†OR marginally significantly different from 1 ($p < 0.10$).

Two demographic factors were associated with a substantial decrease in the likelihood of successful cessation. Unmarried or separated respondents were 91 percent less likely to quit than married respondents (OR = 0.09) ($p < 0.05$). In addition, respondents living with at least one other smoker were 98 percent less likely to quit than all other respondents (OR = 0.02) ($p < 0.05$). These findings imply that successful, sustained cessation is heavily influenced by social support structures. Married persons might receive support from their partners, which helps them to cope with nicotine cravings and helps ensure success. Conversely, the presence of other smokers in the household might contribute to a lower likelihood of cessation unless the entire household commits to quitting.

Only one factor, having health insurance, increased the likelihood of successful quitting (OR = 3.56) ($p < 0.05$). One explanation for this finding might be that health insurance pays for cessation resources. It is also possible that workplace smoking restrictions may provide a reminder and coworkers may provide social support that encourages maintenance of cessation. We explore these possibilities in more depth in Section 4.

4. IDENTIFYING TARGETS TO AFFECT CHANGE

4.1 Introduction

The Indiana Tobacco Board identified changing knowledge and attitudes related to tobacco as important objectives to be achieved by 2005. Specifically, knowledge and attitude objectives are as follows:

Objective 17—Adult Objectives (non-policy):

- ➤ Increase the percentage of adults who can correctly identify all of the health consequences of secondhand smoke by 10 percent.
- ➤ Increase negative attitudes toward the tobacco industry among adults by 10 percent.

ITPC's Comprehensive Evaluation Plan identified the Indiana ATS as the primary data source to gauge changes in tobacco-related knowledge and attitudes among Indiana adults (Evans, Ray, and Ulasevich, 2002).

The 2002 Indiana ATS can also be used to explore whether these informational targets are likely to affect changes in smoking behavior. Prominent theories suggest that beliefs about the consequences of smoking, which include beliefs about the dangers of secondhand smoke, are strong predictors of intentions to quit smoking (Fishbein and Ajzen, 1975; Ajzen, 1988). Recent research demonstrates that beliefs about cigarette companies are also associated with smoking behavior among young adults (Hersey et al., in review). Examining differences in tobacco-related knowledge and attitudes between current smokers who intend to quit and those who do not intend to quit can provide useful information for the ITPC about which knowledge and attitudes are likely to affect change.

4.2 What Do Indiana Adults Think about Tobacco and Cigarette Companies?

Table 4-1 compares tobacco-related knowledge and attitudes between current smokers and all other respondents (averages across the entire population of Indiana adults are presented in the Appendix A). Knowledge and attitudes are divided into four domains:

1. Benefits of quitting
2. Safety of light cigarettes
3. Dangers of secondhand smoke
4. Beliefs about the practices of tobacco companies

Analyses reveal strong differences in tobacco-related knowledge and attitudes between current smokers and all other respondents. Current smokers were less likely than nonsmokers to disagree that light cigarettes are safer to smoke than regular cigarettes. Current smokers were also much less likely than nonsmokers to be aware of each of the dangers of secondhand smoke. In addition, current smokers held more favorable attitudes toward cigarette companies than other respondents.

Table 4-1. Tobacco-Related Knowledge and Attitudes

	Current Smokers [95% CI]	All Other Respondents [95% CI]
Knowledge/Attitudes about the Benefits of Quitting		
If a person has smoked a pack a day for > 20 years, there is little health benefit to quitting (*disagree*)	73.9 [68.8–79.1]	77.6 [74.5–80.7]
There is no benefit to a woman quitting smoking midway through her pregnancy if she's been smoking from the beginning (*disagree*)	79.1 [74.3–83.8]	81.1 [78.0–84.1]
Knowledge/Attitudes about the Safety of Light Cigarettes		
Smoking light cigarettes is safer than smoking regular cigarettes (*disagree*)	**58.2*** [52.2–64.2]	74.9 [71.4–78.3]
Knowledge/Attitudes about the Dangers of Secondhand Smoke		
Breathing smoke from other people's cigarettes is very harmful	**32.2*** [26.6–37.7]	61.4 [57.6–65.3]
Breathing smoke from other people's cigarettes causes heart disease in adults	**52.1*** [46.2–58.1]	68.5 [64.9–72.1]
Breathing smoke from other people's cigarettes causes lung cancer in adults	**55.5*** [49.5–61.4]	79.0 [75.7–82.2]
Breathing smoke from other people's cigarettes causes respiratory problems in children	**85.0*** [80.7–89.3]	93.3 [91.3–95.4]
Breathing smoke from other people's cigarettes causes sudden infant death syndrome	**27.2*** [22.2–32.4]	37.0 [33.2–40.8]
Knowledge/Attitudes about Cigarette Companies		
People should just leave cigarette companies alone (*disagree*)	**46.7*** [40.7–52.7]	67.5 [63.8–71.2]
Cigarette companies should not be allowed to sell a product that harms people (*agree*)	**40.6*** [34.7–46.4]	62.2 [58.4–66.0]
Cigarette companies try to get young people to start smoking (*agree*)	**51.4*** [45.5–57.3]	75.5 [72.2–78.8]
Cigarette companies deny that cigarettes cause cancer and other harmful diseases (*agree*)	37.5 [31.5–43.2]	34.2 [30.5–38.0]

*Denotes significant difference between smokers and all other respondents ($p < 0.05$).

These results provide evidence that messages targeting knowledge and attitudes about the dangers of light cigarettes, secondhand smoke, and cigarette companies may hold promise for affecting change among smokers.

4.3 Which Knowledge and Attitudes Increase the Likelihood of Quit Intentions, Quit Attempts, and Successful Quitting?

It is also instructive to examine the relationship between tobacco-related knowledge and attitudes, quit intentions, and quit behavior. Determining which knowledge and attitudes are associated with a higher likelihood of quit intentions and behavior can aid the ITPC in using messages that are most likely to affect change among smokers unlikely to quit on their own.

In this analysis, we use multinomial logit models with ORs to explore the relationship between tobacco-related knowledge and attitudes and three dependent variables:

1. Likelihood of intending to quit in the next 30 days
2. Having made a quit attempt in the past year
3. Successfully quitting in the past year

Each model controlled for an extensive set of demographic variables, including age, gender, race/ethnicity, region, education, employment status, marital status, the presence of other smokers in the household, giving birth in the past 5 years, having children living in the household, and having health insurance. Separate models were run for each belief item.

Table 4-2 presents the odds of quit intentions, quit attempts, and quit success by each tobacco-related knowledge or attitude item. Statistically significant results ($p < 0.05$) are presented in bold in the table and discussed in the text.

Results suggest that knowledge about the harmful effects of secondhand smoke on adults and specific attitudes toward the tobacco industry are strong predictors of quit intentions and behavior. Smokers who are aware that smoke from other people's cigarettes is very harmful were more than twice as likely to intend to quit (OR = 2.70) ($p < 0.05$), try to quit (OR = 2.28) ($p < 0.05$), and quit successfully (OR = 3.19) ($p < 0.05$). Interestingly, only knowledge about the effects of secondhand smoke among adults was associated with quit intentions and behavior. Knowledge that secondhand smoke causes heart disease among adults was a strong predictor of quit intentions (OR = 2.21) ($p < 0.05$), quit attempts (OR = 1.81) ($p < 0.05$), and quit success (OR = 2.29) ($p < 0.05$). Knowledge of secondhand smoke effects on lung cancer also led to an increase in the odds of successful quitting (OR = 2.54) ($p < 0.05$). In contrast, knowledge of the harmful effects of secondhand smoke on children was not associated with quit intentions or behavior. These results suggest that ITPC messages targeting smokers will do well to continue to educate citizens about the dangers of secondhand smoke among adults, not children.

Negative attitudes toward the tobacco industry were also strongly associated with an increased likelihood of quit intentions and quit attempts. Smokers who disagreed that people should just leave cigarette companies alone were more likely to have intentions to quit in the next 30 days

Table 4-2. Likelihood of Quit Intentions, Quit Attempts, and Successful Quitting by Tobacco-Related Knowledge and Attitudes

Specific Belief (agree or disagree)	Quit Intention OR [p-value]	Quit Attempts OR [p-value]	Quit Success OR [p-value]
Knowledge/Attitudes about the Benefits of Quitting			
If a person has smoked a pack a day for more than 20 years, there is little health benefit to quitting (*disagree*)	1.16 [0.66]	1.26 [0.43]	**3.51*** [0.02]
There's no benefit to quitting midway through pregnancy if a woman's been smoking from the start (*disagree*)	0.89 [0.74]	1.06 [0.85]	0.89 [0.84]
Knowledge/Attitudes about the Safety of Light Cigarettes			
Smoking light cigarettes is safer than smoking regular cigarettes (*disagree*)	1.07 [0.82]	0.78 [0.33]	1.17 [0.74]
Knowledge/Attitudes about the Dangers of Secondhand Smoke			
Breathing smoke from other people's cigarettes is very harmful	**2.70*** [0.00]	**2.28*** [0.00]	**3.19*** [0.01]
Breathing smoke from other people's cigarettes causes heart disease in adults	**2.21*** [0.01]	**1.81*** [0.02]	**2.29*** [0.03]
Breathing smoke from other people's cigarettes causes lung cancer in adults	1.18 [0.58]	1.31 [0.30]	**2.54*** [0.04]
Breathing smoke from other people's cigarettes causes respiratory problems in children	1.09 [0.83]	0.78 [0.50]	1.48 [0.52]
Breathing smoke from other people's cigarettes sudden infant death syndrome	1.04 [0.92]	1.47 [0.16]	1.42 [0.57]
Knowledge/Attitudes about Cigarette Companies			
People should just leave cigarette companies alone (*disagree*)	**3.13*** [0.00]	**1.90*** [0.01]	2.24† [0.09]
Cigarette companies should not be allowed to sell a product that harms people (*agree*)	**2.63*** [0.00]	**2.06*** [0.01]	1.40 [0.37]
Cigarette companies try to get young people to start smoking (*agree*)	**1.95*** [0.03]	**1.80*** [0.02]	1.46 [0.43]
Cigarette companies deny that cigarettes cause cancer and other harmful diseases (*agree*)	1.56 [0.14]	0.90 [0.70]	0.46† [0.06]

*OR significantly different from 1 ($p < 0.05$).

†OR marginally significantly different from 1 ($p < 0.10$).

(OR = 3.13) ($p < 0.05$) and to have made a quit attempt in the past year (OR = 1.90) ($p < 0.05$). Similarly, smokers who agreed that cigarette companies should not be allowed to sell a harmful product were more likely to have quit intentions (OR = 2.63) ($p < 0.05$) and make quit attempts (OR = 2.06) ($p < 0.05$). Smokers who agreed that cigarette companies try to get young people to start smoking were more likely to intend to quit (OR = 1.95) ($p < 0.05$) and attempt to do so (OR = 1.80) ($p < 0.05$). The belief that cigarette companies deny that cigarettes cause cancer was not associated with quit intentions or behavior. These results suggest that messages addressing the tobacco industry's negative behavior and efforts to target teens hold promise for reducing smoking rates among Indiana adults.

Knowledge about the harmfulness of light cigarettes and the benefits of quitting during pregnancy were not associated with increased quit intentions or behavior. However, respondents who believed that there is a strong benefit to quitting smoking even after 20 years were much more likely to successfully quit compared with those still smoking (OR = 3.51) ($p < 0.05$). These results suggest that strong beliefs about the benefits of cessation may not promote quit intentions but may be important for those smokers who have already quit in maintaining the resolve to avoid cigarettes.

4.4 What Other Factors Influence Quit Intentions and Behavior among Indiana Smokers?

A variety of other factors both external and internal to the smoker can affect quit intentions and behavior. Five key factors are important to consider:

1. Health insurance coverage of cessation services
2. Physician advice to quit smoking
3. Self-efficacy of being able to quit smoking
4. Awareness of cessation resources
5. Rules about smoking in the home

Health insurance coverage for cessation services may be a strong predictor of sustained smoking cessation. To this end, the Indiana Tobacco Board addressed increases in smoking cessation coverage as a primary program objective:

Objective 5: Increase the number of individuals who have access to a smoking cessation benefit through their health insurance coverage.

Advice from a physician can increase the likelihood of sustained cessation dramatically (e.g., Fiore et al., 2000). Unfortunately, previous research suggests that less than half of patients who smoke receive advice from their physician to quit (Frank et al., 1991). One of the Indiana Tobacco Board's primary objectives involves increasing the number of smokers who receive advice on quitting from their doctors:

Objective 6: Increase the number of smokers who receive smoking cessation advice and support when they visit their primary care providers.

Strong beliefs about one's self-efficacy (perceptions of one's ability to quit smoking) are an important predictor of quitting smoking (e.g., Ockene et al., 2000). In addition, awareness of cessation resources, such as classes, counseling, or nicotine replacement therapy, may also increase the likelihood of quit success.

The ITPC's Comprehensive Evaluation Plan identified the Indiana ATS as the primary data source to gauge changes in physician advice among Indiana adults (Evans, Ray, and Ulasevich, 2002). In addition, the 2002 Indiana ATS assessed awareness of health insurance coverage of cessation services, self-efficacy, and awareness of cessation resources among current smokers in Indiana.

Recent efforts by the ITPC have attempted to promote women to pledge to have smoke-free homes. Smoke-free homes are important considerations for reducing exposure to secondhand smoke. In addition, they may enhance the likelihood of quit intentions and quit behavior by making cigarette use less socially acceptable and requiring smokers to actively go outside in order to light up. The Indiana ATS measured the number of Indiana households with rules prohibiting smoking in the home.

Table 4-3 shows the percentage of Indiana smokers who visited a physician, received cessation advice, are aware of health insurance coverage for cessation services, have strong self-efficacy beliefs, are aware of cessation resources, and have rules prohibiting smoking in the home. Results show that less than one in five adult Indiana smokers (14.5 percent) have health care coverage and are aware that their health care covers cessation services. Only 43.1 percent of Indiana smokers visited a physician and were advised not to smoke in the past year. Two out of five Indiana adult smokers (39.3 percent) believe that it is very likely they would succeed if they tried to quit. Three out of five adult smokers (60.0 percent) are aware of cessation resources, including telephone quitlines, local health clinic services, or cessation programs. Only 20.2 percent of Indiana smokers have rules that prohibit smoking in the home. These results show that Indiana has considerable room to make progress in strengthening these factors, highlighting the need for ITPC programs to continue to address these issues.

4.5 Which Influences Increase the Likelihood of Quit Intentions and Quit Attempts among Indiana Smokers?

Examining differences in physician advice, health insurance coverage of cessation services, self-efficacy, awareness of cessation resources, and rules about smoking in the home between current smokers who intend to quit or have made quit attempts and those who do not intend to quit or have not made quit attempts can provide useful information for the ITPC about which services and information should be implemented to affect change. Table 4-4 presents the odds of quit intentions and quit attempts by each potential influence on smoking cessation, controlling for an extensive set of demographic variables with multinomial logit models. Separate models were run for each potential influence.

Table 4-3. Other Potential Influences on Quit Intentions and Quit Attempts (among current smokers)

Potential Influence	Percentage (%) [95% CI]
Health Coverage of Cessation Services	
Has health care coverage and health care covers cessation services	14.5 [10.7–18.3]
Visited Physician	
Visited physician in past 12 months	63.5 [57.8–69.2]
Physician Advice	
Visited physician and physician advised not to smoke	43.1 [37.1–49.1]
Self-Efficacy Beliefs	
If you decided to give up smoking altogether, how likely do you think you would be to succeed? (*very likely*)	39.3 [33.2–45.4]
Awareness of Cessation Resources	
Are you aware of any assistance that might be available to help you quit smoking, such as telephone quitlines, local health clinic services, or cessation programs?	60.0 [54.3–65.7]
Rules that Prohibit Smoking in the Home	
Smoking is not allowed anywhere inside your home	20.2 [15.2–25.2]

Results show that physician advice was strongly associated with intentions to quit smoking (OR = 2.24) ($p < 0.05$) and marginally associated with quit attempts ($p < 0.10$). These results suggest that ITPC programs encouraging physicians to provide cessation advice may have a strong impact on quit rates in the future. In addition, rules that prohibit smoking in the home were strongly associated with an increased likelihood of having intentions to quit in the next 30 days (OR = 2.05) ($p < 0.05$). This finding provides additional justification for recent ITPC efforts to promote smoke-free homes.

Awareness of health coverage of cessation services and self-efficacy were not associated with increased quit intentions or attempts. However, it is possible that the actual use of health coverage for cessation services might enhance the likelihood of quit intentions and attempts. Future Indiana ATS should gauge whether smokers have actually taken advantage of their health coverage services.

Awareness of cessation services was associated with a lower likelihood of quit attempts (OR = 0.48) ($p < 0.05$). However, a negative association does not necessarily mean that awareness of services *caused* a lower likelihood of quit attempts. An alternate explanation seems equally plausible. Individuals who tried to quit in the past year but were current smokers at the

Table 4-4. Likelihood of Quit Intentions and Quit Attempts by Potential Cessation Influences (among current smokers)

Potential Influence	Intention OR [p-value]	Attempts OR [p-value]
Health Coverage of Cessation Services		
Has health care coverage and health care covers cessation services	0.56 [0.20]	0.60 [0.13]
Physician Advice		
Physician advised not to smoke (among those who visited physician)	**2.24*** [0.01]	1.66† [0.06]
Self-Efficacy Beliefs		
If you decided to give up smoking altogether, how likely do you think you would be to succeed? (*very likely*)	1.25 [0.49]	1.17 [0.55]
Awareness of Cessation Resources		
Are you aware of any assistance that might be available to help you quit smoking, such as telephone quitlines, local health clinic services, or cessation programs?	0.71 [0.27]	**0.48*** [0.00]
Rules that Prohibit Smoking in the Home		
Smoking is not allowed anywhere inside your home	**2.05*** [0.04]	1.43 [0.25]

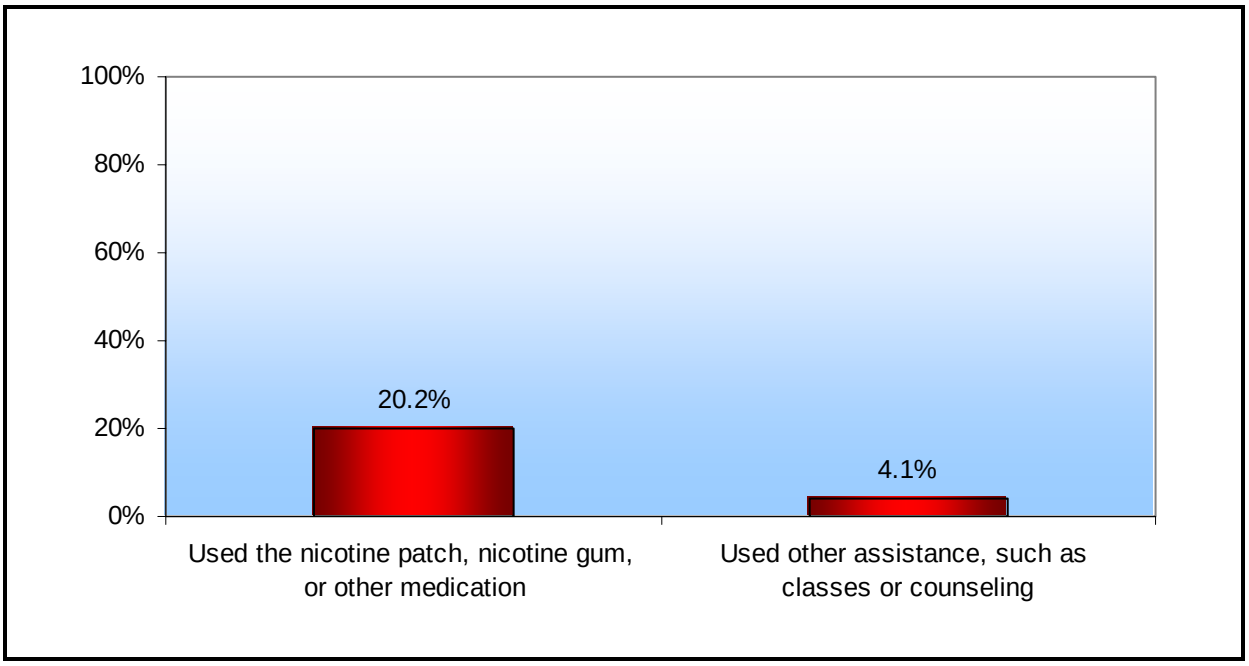
*OR significantly different from 1 ($p < 0.05$).

†OR marginally significantly different from 1 ($p < 0.10$).

time of interview were, by definition, unsuccessful in their quit attempt. It is possible that these "unsuccessful quitters" were inclined to seek out cessation resources to help them with their next quit attempt. So, it may be that an unsuccessful quit attempt *causes* individuals to become more aware of cessation resources. This scenario would create a negative association between awareness of cessation services and quit attempts, as observed in the 2002 Indiana ATS. In the absence of longitudinal data that monitor quit attempts and awareness of cessation resources at multiple points in time, we are unable to draw strong conclusions at this time.

Evaluation results demonstrate that very few Indiana smokers actually used cessation resources. Figure 4-1 shows that only 20.2 percent of Indiana smokers trying to quit smoking used nicotine replacement therapy (including the nicotine patch, nicotine gum, or other medication). Even fewer Indiana adults trying to quit smoking used classes, counseling, or other assistance (4.1 percent). These findings underscore the need to increase access to, awareness of, and use of cessation products and cessation classes and counseling services. Future Indiana ATS should monitor changes in awareness of cessation resources to aid the ITPC in understanding their role in successful cessation.

Figure 4-1. Use of Cessation Resources among Adults who Tried to Quit in the Past Year



5. MEASURING AWARENESS OF PRO- AND ANTITOBACCO MESSAGES AND IDENTIFYING POTENTIAL LEVERAGE POINTS FOR CHANGE

5.1 Introduction

Exposure to pro- and antitobacco messages through countermarketing campaigns, cigarette advertising, community events, and newspaper coverage can affect tobacco-related knowledge and attitudes, quit intentions, and smoking behavior. Section 4 demonstrated how knowledge of the harmful effects of secondhand smoke and the benefits of quitting are associated with increased quit intentions and behavior among smokers. In addition, specific attitudes toward cigarette companies are also associated with quit intentions and quit attempts. This section examines awareness levels of pro- and antitobacco messages among Indiana adults and examines the relationships between exposure to these messages and tobacco-related knowledge and attitudes. Examining awareness levels and associations with tobacco-related beliefs can help ITPC program planners identify efficient leverage points for change in tobacco-related knowledge and attitudes, increase the likelihood of successful cessation, and reduce smoking rates among Indiana adults.

5.2 How Many Indiana Adults are Aware of Pro- and Antitobacco Messages?

Table 5-1 compares awareness of pro- and antitobacco messages between current smokers and all other respondents (averages across the entire population of Indiana adults are presented in Appendix A). Awareness measures are divided into four categories:

1. Media use
2. Awareness of tobacco advertising and promotion
3. Awareness of news stories about tobacco-related issues
4. Awareness of antitobacco public education efforts

In general, awareness levels were comparable between smokers and other respondents. A few differences, however, were observed. Smokers were less likely than nonsmokers to report reading the newspaper every day ($p < 0.05$). In addition, smokers were less likely than other respondents to recall seeing cigarette advertisements in magazines in the past month.

Both groups reported frequent exposure to tobacco promotions in retail outlets in the past 30 days. More than one-third of all respondents also recalled seeing cigarette ads in magazines in the past month, while far fewer received tobacco advertising or promotions in the mail.

Indiana adults reported frequent exposure to tobacco-related news stories in television and print. Nearly half of all Indiana adults recalled seeing tobacco-related news stories on television at least once a week. More than one-third of adults remembered reading tobacco-related stories in the newspaper on a weekly basis.

Table 5-1. Awareness of Pro- and Antitobacco Messages

	Current Smokers [95% CI]	All Other Respondents [95% CI]
Media Use		
Watched Television Every Day	73.8 [68.4–79.1]	71.8 [68.3–75.3]
Read a Newspaper Every Day	**35.6*** [30.0–41.3]	54.4 [50.6–58.2]
Have Seen Tobacco Advertising and Promotions in the Past Month		
In Retail Outlets	83.7 [79.1–88.3]	80.7 [77.6–83.7]
In Magazines	**34.7*** [29.2–40.3]	46.8 [42.9–50.8]
Direct Mail	14.8 [10.4–19.2]	9.2 [7.0–11.4]
Awareness of Tobacco-Related News Stories		
On Television (at least once a week)	46.6 [40.6–52.6]	50.0 [46.1–54.0]
In the Newspaper (at least once a week)	31.0 [25.2–36.7]	36.2 [32.4–40.1]
Awareness of Antitobacco Public Education Efforts		
Antitobacco Community Groups	21.7 [16.7–26.6]	17.0 [14.0–19.9]
Local Efforts to Restrict Smoking in Restaurants	47.2 [41.3–53.1]	44.6 [40.8–48.4]
Local Efforts to Restrict Smoking in Workplaces	50.2 [44.3–56.1]	43.7 [39.9–47.4]
Antitobacco Literature Distribution at Local Events	11.5 [8.1–14.9]	12.7 [10.1–15.3]
Confirmed Awareness of Indiana Antitobacco Media Campaign Themes	15.7 [11.7–19.8]	13.9 [11.3–16.4]

*Denotes significant difference between smokers and all other respondents ($p < 0.05$).

Awareness of antitobacco public education efforts were highest for efforts to restrict smoking in restaurants and workplaces—nearly half of smokers and nonsmokers were aware of these initiatives. Fewer Indiana adults report awareness of antitobacco community groups or literature distribution at local events. About 15 percent of smokers (15.7 percent) and nonsmokers (13.9 percent) confirmed awareness of the Indiana antitobacco campaign. These respondents indicated that they were aware of antitobacco or antismoking campaigns on television and were able to identify themes consistent with the content of ITPC advertisements.

5.3 To What Extent is Exposure to Pro- and Antitobacco Messages Related to Tobacco-Related Knowledge and Attitudes?

Examining the relationship between awareness of pro- and antitobacco messages and tobacco-related knowledge and attitudes among current smokers can provide ITPC program planners with guidance in identifying programs likely to increase the likelihood of successful cessation. In this section, we use multinomial logit models with ORs to explore the relationship between awareness of pro- and antitobacco messages and three domains of tobacco-related knowledge and attitudes among current smokers:

- Understanding of the benefits of quitting
- Knowledge of the dangers of secondhand smoke
- Attitudes toward cigarette companies

The second column of Table 5-2 presents the odds of disagreement with the belief, "If a person has smoked a pack a day for more than 20 years, there is little health benefit to quitting" by awareness of various pro- and antitobacco message sources. The third column of Table 5-2 presents the odds of agreement by pro- and antitobacco message awareness with two or more of the following statements: "smoke from other people's cigarettes (1) is very harmful, (2) causes heart disease in adults, and (3) causes lung cancer in adults." We chose to include these three beliefs about secondhand smoke and excluded beliefs about the dangers of secondhand smoke around children due to the fact that only beliefs about the impact on adults were associated with increased quit intentions and quit attempts. Cronbach's alpha for these three items was 0.74.

Each model controlled for an extensive set of demographic variables, including age, gender, race/ethnicity, region, education, employment status, marital status, the presence of other smokers in the household, giving birth in the past 5 years, having children living in the household, having health insurance, and media use (television viewing and newspaper readership). Separate models were run for each awareness item. Statistically significant results ($p < 0.05$) are presented in bold in the table and discussed in the text.

Results provide some evidence that tobacco-related news coverage in the newspaper and antitobacco public education efforts may be effective for increasing tobacco-related knowledge. Smokers who recalled seeing tobacco-related news stories in the newspaper at least once a week were more than 2 times as likely as others to believe in the health benefits of smoking cessation (OR = 2.05) ($p < 0.05$) and to believe in the dangers of secondhand smoke exposure (OR = 2.12) ($p < 0.05$). These results imply that local media advocacy efforts to generate news coverage of tobacco control issues and events may be important for changing tobacco-related beliefs among Indiana adults.

Respondents who were aware of local efforts to restrict smoking in restaurants were 1.77 times more likely than others to believe in quitting benefits. Similarly, smokers who confirmed awareness of Indiana antitobacco media campaign themes were 3.27 times more likely to believe

Table 5-2. Knowledge of the Benefits of Quitting and the Dangers of Secondhand Smoke by Pro- and Antitobacco Awareness (among current smokers)

	Quit Benefits OR [p-value]	Secondhand Smoke Harm OR [p-value]
Have Seen Tobacco Advertising and Promotions in the Past Month		
In Retail Outlets	1.03 [0.94]	1.66 [0.15]
In Magazines	0.69 [0.18]	1.58 [0.10]
Direct Mail	**0.48*** [0.04]	1.57 [0.26]
Awareness of Tobacco-Related News Stories		
On Television (at least once a week)	1.49 [0.17]	1.07 [0.82]
In the Newspaper (at least once a week)	**2.05*** [0.03]	**2.12*** [0.02]
Awareness of Antitobacco Public Education Efforts		
Antitobacco Community Groups	0.82 [0.61]	1.35 [0.40]
Local Efforts to Restrict Smoking in Restaurants	**1.77*** [0.05]	0.62† [0.07]
Local Efforts to Restrict Smoking in Workplaces	0.94 [0.82]	0.67 [0.12]
Antitobacco Literature Distribution at Local Events	1.25 [0.58]	1.70 [0.17]
Confirmed Awareness of Indiana Antitobacco Media Campaign Themes	**3.27*** [0.02]	0.87 [0.69]

*OR significantly different from 1 ($p < 0.05$).

†OR marginally significantly different from 1 ($p < 0.10$).

in the benefits of quitting smoking (OR = 3.27) ($p < 0.05$). These results suggest that ITCP countermarketing campaign efforts have been effective in raising knowledge about the benefits of smoking cessation.

Results also imply that tobacco advertising and promotions may be associated with lower levels of tobacco-related knowledge. Smokers who received tobacco advertising or promotions in the mail were less likely to believe in the benefits of quitting smoking (OR = 0.48) ($p < 0.05$).

Table 5-3 examines the relationship between pro- and antitobacco message awareness and three attitudes toward the tobacco industry: "(1) people should just leave cigarette companies alone (disagree), (2) cigarette companies should not be allowed to sell a product that harms people (agree), and (3) cigarette companies try to get young people to start smoking (agree)." We chose to include these three industry attitudes and exclude the item "Cigarette companies deny that cigarettes cause cancer and other harmful diseases" because this item was not associated with increased quit intentions, quit attempts, or successful cessation.

Table 5-3. Attitudes toward Cigarette Companies by Pro- and Antitobacco Awareness (among current smokers)

	Alone (D) OR [p-value]	Allow (A) OR [p-value]	Youth (A) OR [p-value]
Awareness of Tobacco Advertising/Promotions			
In Retail Outlets	1.52 [0.26]	1.89† [0.08]	0.89 [0.75]
In Magazines	1.19 [0.53]	1.45 [0.17]	1.40 [0.21]
Direct Mail	0.91 [0.80]	**2.66*** [0.01]	1.10 [0.80]
Awareness of Tobacco-Related News Stories			
On Television (at least once a week)	1.18 [0.51]	**1.85*** [0.01]	1.49 [0.13]
In the Newspaper (at least once a week)	1.28 [0.39]	**2.62*** [0.00]	**2.15*** [0.01]
Awareness of Antitobacco Education Efforts			
Antitobacco Community Groups	0.63 [0.16]	0.94 [0.85]	0.60 [0.13]
Local Efforts to Restrict Smoking in Restaurants	0.81 [0.37]	**0.56*** [0.01]	0.89 [0.62]
Local Efforts to Restrict Smoking in Workplaces	1.07 [0.79]	0.81 [0.42]	0.97 [0.89]
Antitobacco Literature Distribution at Local Events	1.40 [0.36]	1.09 [0.83]	1.34 [0.42]
Confirmed Awareness of Indiana Antitobacco Media Campaign Themes	1.29 [0.44]	0.99 [0.97]	2.09† [0.05]

*OR significantly different from 1 ($p < 0.05$).

†OR marginally significantly different from 1 ($p < 0.10$).

Again, each model controlled for an extensive set of demographic variables, including age, gender, race/ethnicity, region, education, employment status, marital status, the presence of other smokers in the household, giving birth in the past 5 years, having children living in the household, having health insurance, and media use (television viewing and newspaper readership). Separate models were run for each awareness item. Statistically significant results ($p < 0.05$) are presented in bold in the table and discussed in the text.

Results imply that tobacco-related news coverage may be effective for increasing negative attitudes toward cigarette companies. Smokers who recalled seeing tobacco-related news stories in the newspaper at least once a week were more than 2 times as likely as others to agree that cigarette companies should not be allowed to sell a harmful product (OR = 2.62) ($p < 0.05$) and target teens (OR = 2.15) ($p < 0.05$). In addition, smokers who saw tobacco-related news stories on television at least once a week also believed that the tobacco industry should be allowed to sell cigarettes (OR = 1.85) ($p < 0.05$). These results, combined with those observed in Table 5-2, highlight the importance of carefully monitoring the content of tobacco-related news stories over time and promoting media advocacy among local communities.

Findings related to awareness of tobacco promotions and antitobacco education efforts present less clear patterns. Awareness of most pro-tobacco advertising and antitobacco education efforts was not associated with attitudes toward the tobacco industry. Surprisingly, however, smokers who received direct mail from tobacco companies were 2.66 times more likely to agree that cigarette companies should not be allowed to sell a harmful product ($p < 0.05$). In addition, smokers aware of local efforts to restrict restaurant smoking were less likely to agree with restrictions on the tobacco industry selling cigarettes (OR = 0.56) ($p < 0.05$). It is possible that smokers who receive mail from cigarette companies become annoyed at the direct marketing practices and thus adopt anti-industry attitudes. Similarly, it is possible that smokers who are aware of local efforts to reduce smoking in public places become annoyed with them and adopt more pro-tobacco attitudes. Unfortunately, it is difficult to draw strong conclusions with only one year of data. Analyses of future Indiana ATS will help the ITPC better understand these results.

6. OPINIONS ABOUT TOBACCO CONTROL POLICY

6.1 Introduction

The ITPC program aims to rally public support for tobacco control policies to reduce Indiana adults' tobacco use and exposure to secondhand smoke. Specifically, the Indiana Tobacco Board outlined the following policy support objectives:

Objective 17—Adult Objectives (Policy-related):

- ➤ Increase the percentage of adults who support total bans on smoking in restaurants by 10 percent.
- ➤ Increase expressed adult support for tobacco control policies by 10 percent.

The ITPC's Comprehensive Evaluation Plan identified the Indiana ATS as the primary data source to gauge changes in policy support among Indiana adults (Evans, Ray, and Ulasevich, 2002). The 2002 Indiana ATS provides opportunities to assess levels of public support and to examine potential leverage points for changing policy opinions. Examining the relationship between exposure to pro- and antitobacco messages and policy opinions can provide the ITPC with guidance on the most effective means to rally public support.

6.2 What are Indiana Adults' Opinions about Smoking Bans in Public Places?

The Indiana ATS asks a series of questions on whether Indiana adults think smoking should be allowed in various public locations. Response categories range from "all areas" to "some areas," "not allowed at all," or "don't know/no opinion." Figure 6-1 shows the percentage of Indiana adults who favor a complete ban on smoking in each respective venue. More than half of Indiana adults support a complete smoking ban in indoor shopping malls (57.8 percent), and 48.0 percent support such a ban in restaurants. However, only 20.1 percent of Indiana adults think that smoking should not be allowed at all in bars and cocktail lounges. These findings indicate moderate support for clean air in public locations where Indianans of all ages are permitted but only limited support for smoking bans in "adult-only" establishments (bars and cocktail lounges).

6.3 What are Indiana Adults' Opinions about Tobacco Company Promotions and Sponsorships?

To gauge attitudes toward tobacco company promotions and sponsorships, the Indiana ATS asks whether Indiana adults believe tobacco companies should be allowed to include coupons in cigarette packs that can be used to obtain promotional items that may be appealing to teenagers, such as hats, T-shirts, jackets, or caps. Figure 6-2 shows that 68 percent of Indiana adults think this should "not be allowed." In addition, the Indiana ATS asks whether tobacco companies should be allowed to sponsor sporting events (e.g., Indy 500, Brickyard 400) or concerts, with answers ranging from "definitely yes" to "definitely not." As shown in Figure 6-2, 33.7 percent of Indiana adults replied, "definitely not."

Figure 6-1. Opinions about Smoking Bans in Public Places

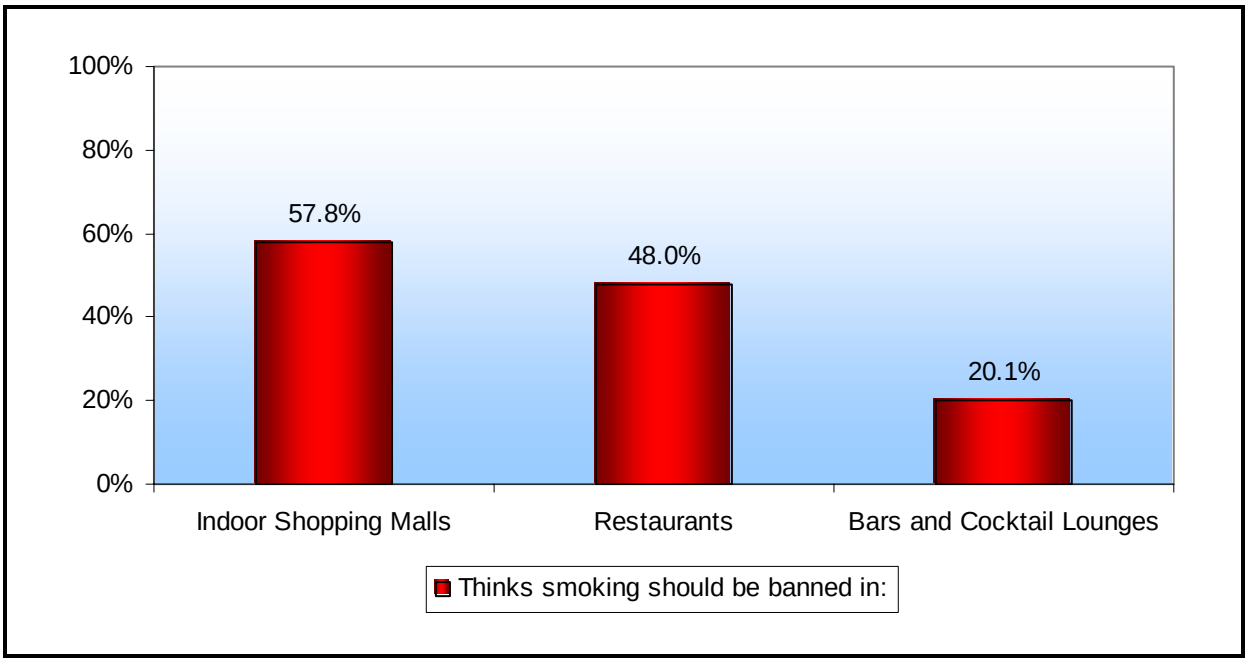
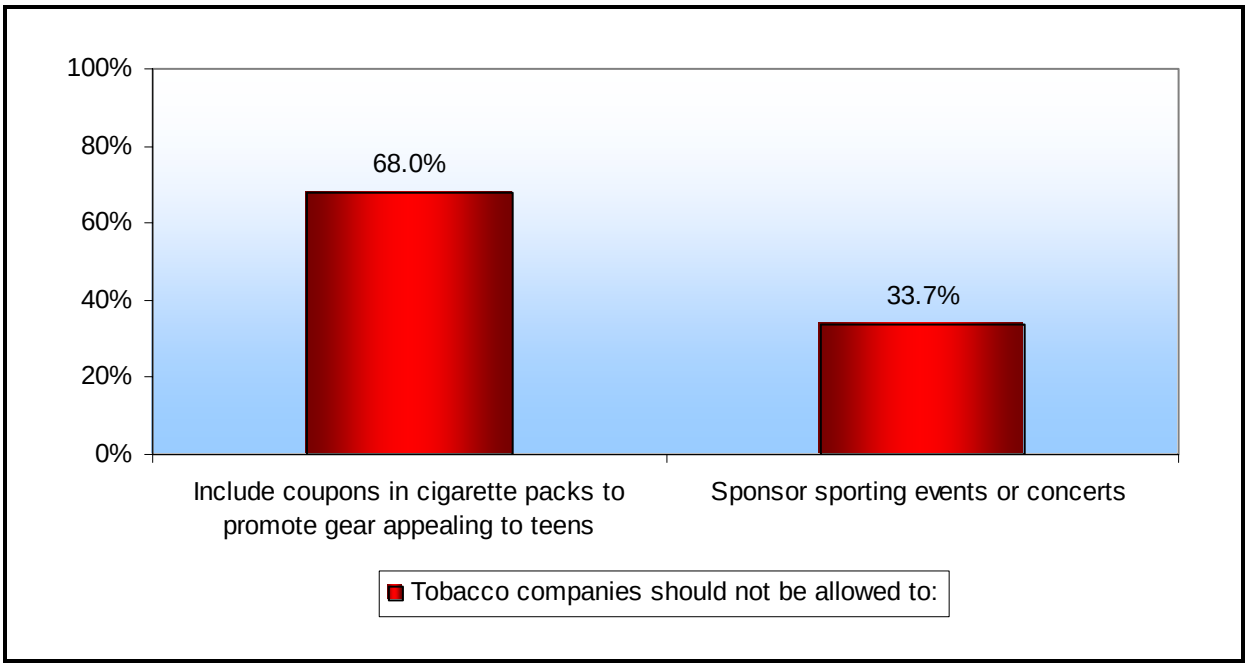


Figure 6-2. Attitudes toward Tobacco Advertising and Sponsorships



6.4 To What Extent is Exposure to Pro- and Antitobacco Messages Related to Opinions about Tobacco Control Policies?

Examining the relationship between awareness of pro- and antitobacco messages and opinions about tobacco control policies can provide ITPC program planners with guidance in identifying programs likely to increase public policy support. In this section, we use multinomial logit models with ORs to explore the relationship between awareness of pro- and antitobacco messages and two groups of policy opinions:

- ➤ Smoking bans in public places
- ➤ Restrictions on tobacco company advertising and promotion

We combined opinions about smoking bans in public places into one variable (for ease of interpretation). The second column of Table 6-1 presents the likelihood of support for smoking bans by pro-and antitobacco message awareness in two or more of the following locations: indoor shopping malls, restaurants, and bars and cocktail lounges. Cronbach's alpha for these three items was 0.69.

We also combined opinions about restrictions on tobacco advertising and promotions into one variable. The third column of Table 6-1 presents the likelihood of support for restrictions on coupons in cigarette packs to promote tobacco company merchandise and sponsorship of sporting events or concerts. Cronbach's alpha for these two items was 0.69.

Each model controlled for an extensive set of demographic variables, including age, gender, race/ethnicity, region, education, employment status, marital status, the presence of other smokers in the household, giving birth in the past 5 years, having children living in the household, having health insurance, and media use (television viewing and newspaper readership). Separate models were run for each awareness item. Statistically significant results ($p < 0.05$) are presented in bold in the table and discussed in the text.

Once again, results imply that tobacco-related news coverage may be effective for increasing support for tobacco control policies. Indiana adults who recalled seeing tobacco-related news stories in the newspaper at least once a week were more likely to support clean indoor air policies (OR = 1.47) ($p < 0.05$) and restrictions on tobacco promotions (OR = 1.74) ($p < 0.05$). Indiana adults who saw tobacco-related news stories on television at least once a week were also more likely to support tobacco promotion restrictions (OR = 1.40) ($p < 0.05$).

Awareness of tobacco advertising and promotions in retail outlets, magazines, and direct mail were not associated with support for tobacco control policies. Results were mixed for antitobacco education efforts. Indiana adults who were aware of local efforts to restrict smoking in workplaces were less likely to support indoor smoking restrictions (OR = 0.68) ($p < 0.05$). Conversely, Indiana adults who were aware of antitobacco literature distribution at local events were more likely to support clean indoor air initiatives (OR = 1.64) ($p < 0.05$). ITPC program planners should be cautioned about drawing strong conclusions from these data.

Table 6-1. Opinions about Tobacco Control Policy by Pro- and Antitobacco Awareness (among all respondents)

	Indoor Air Restrictions OR [p-value]	Promotional Restrictions OR [p-value]
Awareness of Tobacco Advertising and Promotions		
In Retail Outlets	1.38 [0.12]	1.15 [0.49]
In Magazines	1.35† [0.05]	1.19 [0.27]
Direct Mail	1.01 [0.97]	0.93 [0.78]
Awareness of Tobacco-Related News Stories		
On Television (at least once a week)	1.30† [0.08]	**1.40*** [0.04]
In the Newspaper (at least once a week)	**1.47*** [0.02]	**1.74*** [0.00]
Awareness of Antitobacco Education Efforts		
Antitobacco Community Groups	0.85 [0.42]	0.87 [0.51]
Local Efforts to Restrict Smoking in Restaurants	0.80 [0.13]	0.83 [0.22]
Local Efforts to Restrict Smoking in Workplaces	**0.68*** [0.01]	0.85 [0.28]
Antitobacco Literature Distribution at Local Events	**1.64*** [0.03]	1.44 [0.12]
Confirmed Awareness of Indiana Media Campaign Themes	0.93 [0.72]	0.98 [0.93]

*OR significantly different from 1 ($p < 0.05$).

†OR marginally significantly different from 1 ($p < 0.10$).

7. SUMMARY

The 2002 Indiana ATS provides baseline data to address several of the Indiana Tobacco Board's 2005 outcome objectives. In addition, the survey provides useful data to identify priority populations, identify informational targets to affect change, and tailor interventions to meet the needs of at-risk populations.

Results presented in Section 3 highlight some of the challenges presented to the ITPC. Social support structures are strong predictors of current smoking, quit intentions, and quit behavior. Smokers living with other smokers are far more likely to smoke and much less likely to quit. Unmarried or separated smokers are also at higher risk for sustained smoking and unsuccessful quit attempts. These factors highlight limitations in programs tailored to individual smokers and highlight the need to consider social networks in providing cessation services. Alarmingly, women who gave birth in the past 5 years and smokers with children living in the household were more likely to smoke than respondents without children in the home. We will explore these findings in greater detail in a forthcoming report and examine message strategies that hold promise for promoting smoking cessation among these key populations.

Section 4 explored tobacco-related knowledge and beliefs among smokers and nonsmokers and examined the relationship between these factors and quitting. Results demonstrate that knowledge of the dangers of secondhand smoke and negative attitudes toward cigarette companies may be important message targets for ITPC programs and campaigns. Smokers were much less likely than nonsmokers to be aware of the dangers of secondhand smoke exposure. Individuals who held strong beliefs about the dangers of secondhand smoke and negative attitudes toward cigarette companies were also much more likely to intend to quit, make quit attempts, and successfully quit smoking. Clearly, there is much room for change—fewer than one in three smokers believe that secondhand smoke is very harmful, and only half are aware that smoke from other people's cigarettes causes lung cancer and heart disease. These results provide additional justification for the ITPC's focus on messages addressing the dangers of secondhand smoke and negative behavior by the tobacco industry.

Section 4 also explored other influences of quit intentions and behavior. Clearly, physician advice is a strong predictor of quit intentions. The fact that the Indiana Tobacco Board listed increased physician advice as a primary program objective highlights the ITPC's commitment to increase the proportion of primary care providers who advise smokers to quit. 2002 Indiana ATS results highlight the importance of this objective. In addition, rules that prohibit smoking in the home were strongly associated with increased intentions to quit in the next 30 days. This finding may reflect the fact that smoke-free homes alter norms about smoking within the home and highlights the importance of recent ITCP efforts to have women pledge to make their homes smoke-free.

Sections 5 and 6 explored the relationship between antitobacco message awareness and tobacco-related knowledge, attitudes, and opinions. The most consistent pattern of results showed that frequent exposure to tobacco-related news stories on television or in newspapers was associated with increased knowledge, stronger attitudes against cigarette companies, and stronger support for tobacco control policies within the state. These findings underscore the importance of tracking the content of newspaper coverage and justify continued efforts by local communities to promote news coverage of tobacco control efforts.

This report by no means covers the depth and breadth of information contained in the 2002 Indiana ATS. Topics for future, in-depth reports might include a focus on priority populations in Indiana, including pregnant women, smokers with children in the household, and Indiana adults who work indoors. The "Highlights Report" (Hersey et al., 2003) provided limited data on these populations, and subsequent reports might address tobacco use and secondhand smoke exposure among these populations.

Overall, results from the 2002 Indiana ATS can provide invaluable data for ITPC program planners in identifying at-risk populations, identifying message strategies to affect tobacco-related knowledge and attitudes among these groups, and determining the most effective strategies to disseminate information to achieve program objectives. Future waves of the Indiana ATS will provide data to more closely examine trends in cigarette use, smoking cessation, secondhand smoke exposure, and pro- and antitobacco message awareness.

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Appendix A:

Indiana ATS Highlights by Gender

Table A-1. Cigarette Use and Smoking Cessation [95 Percent Confidence Intervals]

	Overall	Male	Female
Smoking Status, Detailed Definitions			
Current	27.7	29.1	26.5
Lifetime >100 cigarettes, currently smoke some days or every day	[24.9–30.6]	[24.8–33.3]	[22.8–30.3]
Early	0.6	1.0	0.2
Lifetime <100 cigarettes, currently smoke some days or every day	[0–1.1]	[0.0–2.0]	[0.1–0.4]
Former	25.6	30.9	20.6
Lifetime >100 cigarettes, currently do not smoke	[22.6–28.6]	[26.4–35.5]	[16.7–24.4]
Never	46.1	39.1	52.7
Lifetime <100 cigarettes, currently do not smoke	[42.9–49.3]	[34.3–43.8]	[48.3–57.1]
Quitting Intentions and Behavior			
Quit Intentions			
Intend to quit in the next 30 days (among current smokers)	24.6	24.4	24.8
	[19.2–30.0]	[16.2–32.5]	[17.8–31.8]
Quit Attempts			
Made quit attempt in past year (among current smokers)	48.5	48.0	48.9
	[42.6–54.3]	[39.8–56.3]	[40.7–57.2]
Successful Quitters	10.3	13.2	7.1
Quit in past year (among those who smoked in past year)	[6.6–14.0]	[7.1–19.3]	[3.2–10.9]

Table A-2. Influences of Quitting Intentions and Behavior [95 Percent Confidence Intervals]

	Overall	Male	Female
Tobacco-Related Beliefs (among respondents who have smoked in the past year)			
Beliefs about the Benefits of Quitting			
There is little health benefit to quitting (disagree)	76.6 [73.9–79.2]	76.7 [72.7–80.7]	76.5 [73.0–80.0]
There is no benefit to quitting midway through pregnancy (disagree)	80.5 [78.0–83.1]	79.5 [75.6–83.4]	81.4 [78.1–84.7]
Beliefs about the Safety of Light Cigarettes			
Light cigarettes are safer than regular cigarettes (disagree)	70.2 [67.1–73.3]	67.1 [62.5–71.8]	73.1 [69.1–77.2]
Beliefs about Cigarette Companies			
Cigarette companies deny cigarettes cause cancer (agree)	35.1 [32.0–38.3]	34.2 [29.5–38.9]	36.0 [31.7–40.3]
People should just leave cigarettes companies alone (disagree)	61.7 [58.8–64.9]	61.5 [56.8–66.1]	62.0 [57.7–66.3]
Cigarette companies should not be allowed to sell a harmful product (agree)	56.2 [52.9–59.5]	48.2 [43.3–53.0]	63.7 [59.5–68.0]
Cigarette companies try to get young people to start smoking (agree)	68.8 [65.8–71.8]	69.3 [64.9–73.7]	68.3 [64.2–72.3]
Beliefs about the Dangers of Secondhand Smoke			
How harmful is secondhand smoke (very harmful)	53.3 [50.1–56.6]	43.7 [38.9–48.5]	62.3 [58.1–66.5]
Would you say breathing secondhand smoke causes…?			
Child respiratory problems	91.0 [89.1–92.9]	89.8 [86.9–92.7]	92.1 [89.6–94.7]
Lung cancer	72.5 [69.5–75.4]	68.7 [64.1–73.3]	75.9 [72.2–79.7]
Heart disease	64.0 [60.8–67.1]	60.9 [56.1–65.6]	66.9 [62.7–71.0]
SIDS	34.3 [31.2–37.4]	26.9 [22.7–31.1]	41.2 [36.8–45.6]

(continued)

Table A-2. Influences of Quitting Intentions and Behavior [95 Percent Confidence Intervals] (continued)

	Overall	Male	Female
Other Potential Influences on Quit Intentions and Quit Attempts (among current smokers)			
Self-Efficacy Beliefs			
Likelihood of quit success (very likely)	39.3	41.3	37.4
	[33.2–45.4]	[32.4–50.1]	[29.3–45.4]
Health Coverage of Cessation Services			
Health coverage pays for cessation services	14.5	14.1	15.0
	[10.7–18.3]	[8.8–19.3]	[9.5–20.4]
Visited Physician			
Visited physician in past 12 months	63.5	52.4	74.8
	[57.8–69.2]	[43.8–61.0]	[68.1–81.5]
Physician Advice			
Visited physician and physician advised not to smoke	43.1	31.0	55.5
	[37.1–49.1]	[22.4–39.6]	[47.4–63.6]
Awareness of Cessation Resources			
Aware of cessation services	60.0	59.9	60.1
	[54.3–65.7]	[51.5–68.3]	[52.2–67.9]

Table A-3. Exposure to Pro- and Antitobacco Messages [95 Percent Confidence Intervals]

	Overall	Male	Female
Media Use			
Watched television every day	72.4 [69.4–75.3]	72.6 [68.3–76.9]	72.2 [68.2–76.1]
Read a newspaper every day	49.2 [46.0–52.4]	52.2 [47.4–56.9]	46.4 [42.1–50.8]
Awareness of Tobacco Advertising and Promotions			
In retail outlets	81.5 [78.9–84.1]	84.8 [81.4–88.3]	78.4 [74.6–82.1]
In magazines	43.4 [40.2–46.7]	44.6 [39.8–49.4]	42.3 [38.0–46.7]
Direct mail	10.8 [8.8–12.8]	11.5 [8.4–14.6]	10.2 [7.6–12.8]
Awareness of Tobacco-Related News Stories			
On the television (at least once a week)	49.1 [45.8–52.4]	50.5 [45.6–55.4]	47.7 [43.2–52.2]
In the newspaper (at least once a week)	34.8 [31.6–37.9]	36.2 [31.4–41.0]	33.4 [29.2–37.6]
Awareness of Antitobacco Public Education Efforts			
Community antitobacco groups	18.3 [15.7–20.8]	19.6 [15.8–23.4]	17.0 [13.7–20.3]
Local efforts to restrict smoking in restaurants	45.3 [42.1–48.5]	44.1 [39.3–48.9]	46.5 [42.2–50.8]
Local efforts to restrict smoking in workplaces	45.5 [42.3–48.7]	45.2 [40.5–50.0]	45.8 [41.4–50.1]
Antitobacco literature distribution at local events	12.4 [10.2–14.5]	12.2 [9.1–15.3]	12.5 [9.6–15.5]
Confirmed awareness of Indiana campaign themes	14.4 [12.2–16.5]	17.5 [13.9–21.1]	11.5 [9.0–14.0]

Table A-4. Opinions about Tobacco Control Policy [95 Percent Confidence Intervals]

	Overall	Male	Female
Support for Smoking Bans in Public Places			
Restaurants	48.0 [44.8–51.3]	42.3 [37.5–47.0]	53.4 [49.1–57.8]
Indoor shopping malls	57.8 [54.6–61.0]	52.3 [47.5–57.2]	62.9 [58.7–67.1]
Bars and cocktail lounges	20.1 [17.4–22.7]	18.6 [14.7–22.4]	21.5 [17.8–25.2]
Beliefs about Tobacco Ads/Sponsorship			
Include coupons in cigarette packs to promote gear (should not be allowed)	68.0 [65.0–71.0]	59.9 [55.1–64.6]	75.6 [72.0–79.2]
Sponsor sporting events or concerts (should not be allowed)	33.7 [30.6–36.9]	26.0 [21.6–30.3]	41.0 [36.6–45.4]

Appendix B:

Indiana ATS Highlights by Age Group

Table B-1. Cigarette Use and Smoking Cessation [95 Percent Confidence Intervals]

	Overall	18-24	25-34	35-49	50-64	65+
Smoking Status						
Current	27.7	33.7	35.2	31.6	24.6	10.6
	[24.9–30.6]	[25.5–41.9]	[28.5–41.9]	[26.0–37.1]	[18.4–30.8]	[06.3–14.8]
Early	0.6	1.0	0.1	1.2	0[a]	0.1
	[0–1.1]	[0.3–1.7]	[0.0–0.3]	[0.0–2.8]	[0.0–0.1]	[0.0–0.2]
Former	25.6	11.0	18.0	21.9	31.8	45.6
	[22.6–28.6]	[04.1–17.9]	[11.9–24.1]	[16.6–27.2]	[25.1–38.5]	[37.6–53.6]
Never	46.1	54.3	46.7	45.4	43.6	43.8
	[42.9–49.3]	[45.1–63.5]	[39.5–53.9]	[39.5–51.2]	[36.5–50.6]	[36.1–51.4]
Quitting Intentions and Behavior						
Quit Intentions						
Next 30 days?	24.6	15.4	23.4	26.2	33.8	17.0
	[19.2–30.0]	[7.2–23.6]	[14.2–32.5]	[15.6–36.8]	[19.9–47.7]	[4.2–29.8]
Quit Attempts						
Past year attempt	48.5	50.3	56.6	40.9	54.3	45.1
	[42.6–54.3]	[36.7–63.8]	[44.9–68.3]	[30.6–51.2]	[39.8–68.9]	[23.9–66.2]
Successful Quitters						
Past year successful	10.3	14.2	9.5	5.9	14.9	12.2
	[6.6–14.0]	[1.2–27.2]	[3.2–15.9]	[1.5–10.2]	[4.7–25.0]	[1.4–23.0]

[a]0 value due to rounding.

Table B-2. Influences of Quitting Intentions and Behavior [95 Percent Confidence Intervals]

	Overall	18-24	25-34	35-49	50-64	65+
Tobacco-Related Beliefs (among respondents who have smoked in the past year)						
Quit Benefits						
Little benefit	76.6	76.2	79.6	80.5	75.0	66.6
	[73.9–79.2]	[68.5–83.9]	[74.1–85.0]	[76.1–85.0]	[68.5–81.6]	[59.7–73.6]
Little pregnancy benefit	80.5	81.6	88.7	84.2	77.3	66.3
	[78.0–83.1]	[74.7–88.5]	[84.5–92.9]	[79.8–88.7]	[70.8–83.7]	[59.2–73.3]
Safety of Light Cigarettes						
Light cigarettes safer	70.2	72.0	72.4	70.4	73.5	61.9
	[67.1–73.3]	[63.4–80.5]	[65.8–79.0]	[64.7–76.0]	[66.9–80.0]	[53.9–69.8]
Cigarette Companies						
Cigarette companies deny	35.1	36.4	34.2	36.1	33.8	35.4
	[32.0–38.3]	[27.6–45.3]	[27.1–41.2]	[30.2–41.9]	[26.9–40.7]	[27.6–43.3]
Leave cigarette companies alone	61.7	62.3	62.5	64.5	64.2	53.0
	[58.8–64.9]	[53.1–71.6]	[55.5–69.4]	[58.8–70.3]	[57.4–71.0]	[45.1–60.8]
Sell a harmful product	56.2	52.0	50.3	55.9	57.8	65.2
	[52.9–59.5]	[42.5–61.5]	[43.1–57.6]	[49.9–61.8]	[50.6–65.0]	[57.9–72.5]
Cigarette companies try make youth smk.	68.8	71.0	68.3	68.2	71.6	65.7
	[65.8–71.8]	[62.4–79.6]	[61.4–75.1]	[63.0–73.4]	[65.3–78.0]	[58.1–73.4]
Beliefs about SHS Dangers						
SHS harmful?	53.3	52.5	56.4	51.5	54.1	53.8
	[50.1–56.6]	[43.1–61.9]	[49.2–63.6]	[45.5–57.4]	[47.0–61.2]	[46.0–61.7]
SHS causes…?						
Child respiratory problems	91.0	93.6	91.7	93.6	89.8	85.7
	[89.1–92.9]	[88.0–99.2]	[86.9–96.6]	[91.1–96.0]	[85.4–94.2]	[80.2–91.2]
Lung cancer	72.5	78.5	78.9	75.2	67.2	62.8
	[69.5–75.4]	[70.2–86.7]	[72.6–85.1	[69.8–80.6]	[60.3–74.1]	[55.3–70.3]
Heart disease	64.0	67.1	63.9	68.2	62.2	57.0
	[60.8–67.1]	[58.2–76.1]	[56.7–71.0]	[62.7–73.6]	[55.2–69.2]	[49.2–64.8]
SIDS	34.3	52.4	40.3	31.4	24.6	29.9
	[31.2–37.4]	[43.1–61.7]	[33.3–47.3]	[26.0–36.8]	[18.6–30.7]	[22.2–37.5]

(continued)

Table B-2. Influences of Quitting Intentions and Behavior [95 Percent Confidence Intervals] (continued)

	Overall	18-24	25-34	35-49	50-64	65+
Other Potential Influences on Quit Intentions and Quit Attempts (among current smokers)						
Self-Efficacy Beliefs						
Quit likelihood	39.3	56.0	44.9	31.5	30.2	39.0
	[33.2–45.4]	[42.8–69.1]	[33.1–56.8]	[21.1–41.9]	[14.6–45.8]	[19.5–58.4]
Health Coverage						
Pays for cessation services	14.5	6.5	19.5	14.3	18.4	8.3
	[10.7–18.3]	[0.0–14.4]	[10.5–28.4]	[8.5–20.2]	[7.8–29.1]	[0.0 –17.0]
Visited Physician						
Past 12 month visit?	63.5	43.4	60.8	62.8	82.7	76.1
	[57.8–69.2]	[30.5–56.4]	[49.6–72.0]	[52.9–72.6]	[73.6–91.7]	[55.4–96.9]
Physician Advice						
Advised not to smoke?	43.1	22.0	37.3	48.4	58.0	53.5
	[37.1–49.1]	[12.0–32.0]	[26.2–48.3]	[37.9–58.9]	[43.7–72.3]	[32.6–74.4]
Awareness of Cessation						
Aware of cessation services?	60.0	62.6	63.2	60.8	57.1	47.7
	[54.3–65.7]	[48.9–76.3]	[52.7–73.6]	[50.5–71.0]	[42.9–71.4]	[26.2–69.2]

Table B-3. Exposure to Pro- and Antitobacco Messages [95 Percent Confidence Intervals]

	Overall	18-24	25-34	35-49	50-64	65+
Media Use						
Watch television every day	72.4 [69.4–75.3]	52.5 [43.1–61.9]	68.6 [62.0–75.2]	70.2 [64.8–75.7]	80.5 [75.1–85.8]	87.5 [82.6–92.3]
Read paper every day	49.2 [46.0–52.4]	39.0 [29.6–48.3]	31.3 [24.7–37.9]	44.9 [38.9–50.9]	62.6 [55.8–69.5]	70.0 [62.6–77.5]
TV Ads and Promotions						
In retail outlets	81.5 [78.9–84.1]	91.9 [86.8–97.0]	91.3 [87.0–95.6]	86.4 [82.7–90.2]	76.0 [69.5–82.5]	57.2 [49.0–65.4]
In magazines	43.4 [40.2–46.7]	57.0 [47.7–66.3]	47.2 [40.0–54.5]	39.2 [33.4–44.9]	42.0 [34.8–49.2]	38.9 [31.1–46.7]
Direct mail	10.8 [8.8–12.8]	14.2 [7.3–21.2]	9.0 [5.4–12.6]	13.1 [9.0–17.2]	8.2 [4.5–12.0]	08.7 [4.8–12.7]
Tobacco-Related News Stories						
On television	49.1 [45.8–52.4]	49.0 [39.6–58.4]	45.0 [37.8–52.3]	52.8 [46.8–58.8]	48.4 [41.2–55.6]	47.2 [38.9–55.4]
In the newspaper	34.8 [31.6–37.9]	33.8 [24.9–42.8]	29.6 [22.9–36.3]	36.2 [30.2–42.2]	36.0 [29.0–42.9]	38.3 [30.5–46.2]
Antitobacco Efforts						
Antitobacco groups	18.3 [15.7–20.8]	19.2 [11.8–26.6]	22.5 [16.3–28.7]	16.0 [11.9–20.0]	21.4 [15.7–27.2]	13.5 [6.8–20.1]
Restaurant bans	45.3 [42.1–48.5]	42.2 [32.8–51.6]	39.3 [32.2–46.4]	43.7 [38.0–49.5]	52.4 [45.3–59.5]	49.0 [41.1–56.8]
Workplace bans	45.5 [42.3–48.7]	32.1 [23.7–40.4]	40.8 [33.7–47.8]	45.9 [40.1–51.7]	57.3 [50.4–64.3]	46.1 [38.3–53.8]
Antitobacco info	12.4 [10.2–14.5]	23.8 [16.0–31.5]	15.8 [10.3–21.3]	11.0 [7.5–14.5]	7.0 [3.5–10.4]	8.4 [3.5–13.2]
Indiana campaign	14.4 [12.2–16.5]	20.1 [12.7–27.5]	23.1 [17.2–29.0]	12.8 [9.3–16.4]	14.6 [9.7–19.5]	2.7 [0.4–04.9]

Table B-4. Opinions about Tobacco Control Policy [95 Percent Confidence Intervals]

	Overall	18-24	25-34	35-49	50-64	65+
Support for Smoking Bans						
Restaurants	48.0	36.7	43.8	51.7	46.9	57.4
	[44.8–51.3]	[28.0–45.4]	[36.7–50.9]	[45.8–57.7]	[39.8–54.0]	[49.7–65.0]
Shopping malls	57.8	64.6	56.2	60.0	51.1	58.8
	[54.6–61.0]	[55.6–73.7]	[49.0–63.4]	[54.2–65.8]	[44.0–58.2]	[51.2–66.4]
Bars and cocktail lounges	20.1	9.5	11.5	22.8	20.7	33.7
	[17.4–22.7]	[4.7–14.4]	[7.0–16.1]	[17.7–28.0]	[15.0–26.4]	[25.9–41.6]
Tobacco Ads/Sponsorship						
Coupons to promote gear	68.0	54.7	62.8	68.5	74.8	77.8
	[65.0–71.0]	[45.3–64.0]	[55.7–69.9]	[63.2–73.8]	[68.7–80.9]	[71.5–84.0]
Event sponsorship	33.7	23.9	25.3	32.0	38.7	50.3
	[30.6–36.9]	[16.3–31.4]	[18.8–31.7]	[26.3–37.8]	[31.7–45.8]	[42.3–58.2]

Appendix C:

Indiana ATS Highlights by Race/Ethnicity

Table C-1. Cigarette Use and Smoking Cessation [95 Percent Confidence Intervals]

	Overall	White	Black	Hispanic	Other
Smoking Status					
Current	27.7	28.2	28.5	21.2	23.5
	[24.9–30.6]	[25.0–31.4]	[21.2–35.7]	[12.4–30.0]	[11.8–35.2]
Early	0.6	0.3	0.9	2.2	8.2
	[0–1.1]	[0.0–0.8]	[0.2–1.7]	[0.0–4.4]	[0.0–20.6]
Former	25.6	25.9	21.3	16.9	18.2
	[22.6–28.6]	[22.6–29.2]	[12.6–30.0]	[7.2–26.6]	[2.7–33.8]
Never	46.1	45.6	49.3	59.7	50.1
	[42.9–49.3]	[42.0–49.2]	[40.6–58.0]	[46.9–72.5]	[32.6–67.6]
Quitting Intentions and Behavior					
Quit Intentions					
Next 30 days?	24.6	23.2	43.2	31.5	11.0
	[19.2–30.0]	[17.2–29.1]	[28.6–57.8]	[9.8–53.1]	[0.0–23.8]
Quit Attempts					
Past year attempt	48.5	47.0	61.7	69.0	35.2
	[42.6–54.3]	[40.4–53.5]	[48.0–75.5]	[50.9–87.0]	[12.6–57.7]
Successful Quitters					
Past year successful	10.3	10.2	7.6	9.3	0.0
	[6.6–14.0}	[6.1–14.3]	[0.0–15.8]	[0.0–21.6]	[0.0–0.0]

Table C-2. Influences of Quitting Intentions and Behavior [95 Percent Confidence Intervals]

	Overall	White	Black	Hispanic	Other
Tobacco-Related Beliefs (among respondents who have smoked in the past year)					
Quit Benefits					
Little benefit	76.6	78.6	60.8	67.4	65.1
	[73.9–79.2]	[75.7–81.4]	[52.2–69.3]	[54.5–80.3]	[47.5–82.7]
Little pregnancy benefit	80.5	81.2	75.1	82.0	83.3
	[78.0–83.1]	[78.4–84.0]	[67.9–82.3]	[70.7–93.2]	[69.7–96.8]
Safety of Light Cigarettes	70.2	69.0	80.4	76.8	77.1
Light cigarettes safer	[67.1–73.3]	[65.6–72.4]	[74.5–86.2]	[63.0–90.6]	[62.3–91.9]
Cigarette Companies					
Cigarette companies deny	35.1	35.0	32.9	30.1	53.8
	[32.0–38.3]	[31.5–38.6]	[24.9–40.8]	[19.0–41.2]	[37.1–70.6]
Leave cigarette companies alone	61.7	63.2	49.2	55.7	51.2
	[58.8–64.9]	[59.7–66.7]	[40.5–57.9]	[41.7–69.6]	[33.6–68.8]
Sell a harmful product	56.2	54.7	69.5	62.3	59.3
	[52.9–59.5]	[51.0–58.3]	[61.0–77.9]	[49.2–75.3]	[42.8–75.8]
Cigarette companies try make youth smk.	68.8	69.6	65.5	64.8	62.9
	[65.8–71.8]	[66.3–72.9]	[57.4–73.6]	[52.7–76.9]	[47.2–78.5]
Beliefs about SHS Dangers					
SHS harmful?	53.3	51.6	65.0	62.2	55.6
	[50.1–56.6]	[48.0–55.3]	[57.3–72.7]	[48.4–75.9]	[39.1–72.2]
SHS causes…?					
Child respiratory problems	91.0	91.1	94.6	89.5	89.1
	[89.1–92.9]	[89.0–93.2]	[91.1–98.0]	[76.3–102.6]	[81.2–97.0]
Lung cancer	72.5	71.9	74.3	84.2	76.9
	[69.5–75.4]	[68.5–75.2]	[67.2–81.4]	[75.1–93.2]	[65.0–88.8]
Heart disease	64.0	63.6	64.3	72.3	72.6
	[60.8–67.1]	[60.1–67.2]	[56.3–72.2]	[58.3–86.3]	[59.9–85.3]
SIDS	34.3	33.0	39.8	50.2	43.9
	[31.2–37.4]	[29.6–36.5]	[31.5–48.1]	[36.2–64.3]	[25.9–61.9]

(continued)

Table C-2. Influences of Quitting Intentions and Behavior [95 Percent Confidence Intervals] (continued)

	Overall	White	Black	Hispanic	Other
Other Potential Influences on Quit Intentions and Quit Attempts (among current smokers)					
Self–Efficacy Beliefs					
Quit likelihood	39.3	38.7	53.3	38.8	21.1
	[33.2–45.4]	[31.9–45.5]	[39.1–67.5]	[19.6–58.1]	[4.3–37.9]
Health Coverage					
Pays for cessation services	14.5	13.0	30.0	23.9	2.2
	[10.7–18.3]	[9.0–17.0]	[16.2–43.8]	[2.8–45.0]	[0.0–6.7]
Visited Physician					
Past 12 month visit?	63.5	64.4	65.0	43.5	39.0
	[57.8–69.2]	[58.2–70.7]	[50.6–79.5]	[23.8–63.2]	[17.0–61.0]
Physician Advice					
Advised not to smoke?	43.1	44.0	42.1	27.6	26.5
	[37.1–49.1]	[37.3–50.6]	[28.3–55.9]	[10.7–44.5]	[7.7–45.3]
Awareness of Cessation					
Aware of cessation services?	60.0	61.6	43.1	51.9	56.4
	[54.3–65.7]	[55.3–67.9]	[28.7–57.6]	[30.9–72.9]	[31.0–81.8]

Table C-3. Exposure to Pro- and Antitobacco Messages [95 Percent Confidence Intervals]

	Overall	White	Black	Hispanic	Other
Media Use					
Watch television every day	72.4	73.0	70.4	62.7	62.9
	[69.4–75.3]	[69.7–76.2]	[62.3–78.5]	[48.7–76.6]	[45.8–79.9]
Read paper every day	49.2	50.6	40.8	29.7	47.2
	[46.0–52.4]	[47.0–54.2]	[32.5–49.1]	[17.9–41.4]	[29.7–64.6]
TV Ads and Promotions					
In retail outlets	81.5	80.9	84.2	92.1	84.2
	[78.9–84.1]	[78.0–83.8]	[79.3–89.1]	[87.5–96.8]	[70.1–98.4]
In magazines	43.4	42.4	48.2	50.2	59.2
	[40.2–46.7]	[38.8–46.0]	[39.3–57.0]	[35.9–64.4]	[42.7–75.7]
Direct mail	10.8	9.9	18.4	12.8	8.5
	[8.8–12.8]	[7.7–12.0]	[11.2–25.6]	[4.4–21.3]	[0.0–17.4]
Tobacco-Related News Stories					
On Television	49.1	49.1	53.6	47.7	37.4
	[45.8–52.4]	[45.4–52.8]	[44.7–62.6]	[33.4–62.0]	[20.9–53.9]
In the newspaper	34.8	34.4	40.8	40.0	20.5
	[31.6–37.9]	[30.9–37.9]	[32.0–49.7]	[25.7–54.4]	[8.9–32.1]
Antitobacco Efforts					
Antitobacco groups	18.3	19.1	14.6	13.8	10.3
	[15.7–20.8]	[16.2–21.9]	[8.9–20.3]	[1.5–26.1]	[4.2–16.4]
Restaurant bans	45.3	45.8	46.6	34.7	37.7
	[42.1–48.5]	[42.3–49.4]	[37.9–55.2]	[22.5–46.8]	[21.4–54.0]
Workplace bans	45.5	44.3	61.8	40.2	51.9
	[42.3–48.7]	[40.8–47.8]	[53.8–69.8]	[27.0–53.5]	[34.5–69.3]
Antitobacco info	12.4	11.4	16.0	21.3	20.5
	[10.2–14.5]	[9.1–13.7]	[9.9–22.2]	[8.5–34.2]	[6.0–35.0]
Indiana campaign	14.4	15.1	10.7	7.6	8.5
	[12.2–16.5]	[12.6–17.5]	[5.3–16.1]	[1.6–13.5]	[0.1–17.0]

Table C-4. Opinions about Tobacco Control Policy [95 Percent Confidence Intervals]

	Overall	White	Black	Hispanic	Other
Support for Smoking Bans					
Restaurants	48.0	47.4	50.4	53.6	55.2
	[44.8–51.3]	[43.7–51.0]	[41.6–59.1]	[39.6–67.6]	[38.7–71.8]
Shopping malls	57.8	57.5	62.5	56.4	53.0
	[54.6–61.0]	[53.9–61.0]	[54.6–70.4]	[42.5–70.4]	[35.8–70.2]
Bars and cocktail lounges	20.1	19.1	25.1	28.5	23.5
	[17.4–22.7]	[16.2–22.0]	[16.9–33.3]	[16.0–40.9]	[6.7–40.4]
Tobacco Ads/Sponsorship					
Coupons to promote gear	68.0	65.9	86.8	76.4	72.4
	[65.0–71.0]	[62.5–69.3]	[81.1–92.5]	[66.2–86.6]	[59.2–85.7]
Event sponsorship	33.7	32.7	39.4	42.0	37.5
	[30.6–36.9]	[29.2–36.2]	[30.6–48.1]	[28.0–55.9]	[19.8–55.2]

Appendix D:

Indiana ATS Highlights by Region (I)

Table D-1. Current Smoking, Quitting Intentions and Quitting Behavior [95 Percent Confidence Intervals]

	Overall	Northwest	N. Central	Northeast	C. West
Smoking Status					
Current	27.7	33.0	23.8	21.3	32.0
	[24.9–30.6]	[22.7–43.4]	[16.0–31.6]	[14.5–28.2]	[23.6–40.5]
Early	0.6	0.6	0.1	0.0	0.3
	[0–1.1]	[0.0–1.1]	[0.0–0.2]	[0.0–0.0]	[0.0–0.8]
Former	25.6	24.4	30.5	22.7	16.8
	[22.6–28.6]	[14.6–34.2]	[19.9–41.1]	[15.0–30.4]	[10.2–23.3]
Never	46.1	42.0	45.6	56.0	50.9
	[42.9–49.3]	[31.3–52.8]	[35.7–55.6]	[47.1–64.8]	[41.9–59.9]
Quitting Intentions and Behavior					
Quit Intentions					
Next 30 days?	24.6	38.9	27.1	18.0	27.7
	[19.2–30.0]	[18.2–59.7]	[10.2–43.9]	[4.2–31.9]	[12.7–42.8]
Quit Attempts					
Past year attempt	48.5	60.9	45.6	33	67.6
	[42.6–54.3]	[42.2–79.5]	[27.8–63.4]	[17.2–48.7]	[53.2–81.9]
Successful Quitters					
Past year successful	10.3	7.4	0.0[a]	11.3	0.8
	[6.6–14.0]	[0.0–19.1]	[0.0–0.1]	[0.0–22.9]	[0.0–2.5]

[a]0 value due to rounding.

Table D-2. Protection from Secondhand Smoke [95 Percent Confidence Intervals]

	Overall	Northwest	N. Central	Northeast	C. West
Tobacco–Related Beliefs (among respondents who have smoked in the past year)					
Quit Benefits					
Little benefit	76.6	72.8	76.9	74.6	81.1
	[73.9–79.2]	[63.4–82.3]	[69.3–84.6]	[67.3–82.0]	[75.0–87.2]
Little pregnancy benefit	80.5	78.0	90.1	78.3	77.7
	[78.0–83.1]	[68.6–87.5]	[85.1–95.1]	[71.1–85.4]	[70.6–84.9]
Safety of Light Cigarettes	70.2	66.2	75.7	74.1	72.8
Light cigarettes safer	[67.1–73.3]	[55.4–77.1]	[66.4–85.0]	[66.3–82.0]	[65.2–80.5]
Cigarette Companies					
Cigarette companies deny	35.1	39.7	30.4	35.8	31.6
	[32.0–38.3]	[28.6–50.9]	[20.8–40.0]	[27.2–44.4]	[23.2–40.0]
Leave cigarette companies alone	61.7	58.1	55.7	64.5	65.0
	[58.8–64.9]	[47.3–68.9]	[45.4–66.0]	[56.0–73.0]	[56.6–73.3]
Sell a harmful product	56.2	59.6	55.5	60.8	59.7
	[52.9–59.5]	[48.7–70.5]	[45.5–65.5]	[52.2–69.3]	[51.0–68.5]
Cigarette companies try make youth smk.	68.8	70.8	71.7	75.0	69.0
	[65.8–71.8]	[61.3–80.2]	[62.5–80.9]	[67.4–82.6]	[60.9–77.1]
Beliefs about SHS Dangers					
SHS harmful?	53.3	54.1	57.7	53.3	52.8
	[50.1–56.6]	[43.1–65.0]	[47.8–67.6]	[44.4–62.3]	[43.7–61.8]
SHS causes…?					
Child respiratory problems	91.0	93.2	92.5	91.8	91.5
	[89.1–92.9]	[87.9–98.5]	[86.3–98.8]	[86.6–97.0]	[87.0–96.1]
Lung cancer	72.5	63.5	78.3	80.5	81.0
	[69.5–75.4]	[52.2–74.7]	[70.4–86.2]	[73.4–87.6]	[74.4–87.6]
Heart disease	64.0	64.9	63.1	70.1	71.9
	[60.8–67.1]	[54.5–75.3]	[53.5–72.8]	[62.1–78.2]	[64.0–79.8]
SIDS	34.3	36.4	38.7	30.9	38.1
	[31.2–37.4]	[26.1–46.7]	[28.5–49.0]	[22.7–39.1]	[29.0–47.2]

(continued)

Table D-2. Protection from Secondhand Smoke [95 Percent Confidence Intervals] (continued)

	Overall	Northwest	N. Central	Northeast	C. West
Other Potential Influences on Quit Intentions and Quit Attempts (among current smokers)					
Self–Efficacy Beliefs					
Quit likelihood	39.3	36.5	48.0	29.4	28.1
	[33.2–45.4]	[15.8–57.2]	[30.0–66.1]	[12.7–46.1]	[13.9–42.3]
Health Coverage					
Pays for cessation services	14.5	12.1	10.2	9.9	16.3
	[10.7–18.3]	[2.2–22.1]	[0.9–19.4]	[0.0–19.9]	[6.1–26.6]
Visited Physician					
Past 12 month visit?	63.5	63.7	69.6	62.2	57.6
	[57.8–69.2]	[45.4–81.9]	[54.1–85.1]	[44.1–80.3]	[41.6–73.6]
Physician Advice					
Advised not to smoke?	43.1	46.8	43.6	45.1	43.4
	[37.1–49.1]	[27.2–66.4]	[26.0–61.2]	[27.8–62.4]	[27.4–59.3]
Awareness of Cessation					
Aware of cessation services?	60.0	49.1	54.1	57.8	71.2
	[54.3–65.7]	[28.9–69.2]	[36.0–72.1]	[40.4–75.2]	[56.9–85.5]

Table D-3. Exposure to Pro- and Antitobacco Messages [95 Percent Confidence Intervals]

	Overall	Northwest	N. Central	Northeast	C. West
Media Use					
Watch television every day	72.4	71.0	67.3	77.3	77.5
	[69.4–75.3]	[60.6–81.4]	[58.0–76.7]	[69.9–84.6]	[69.8–85.2]
Read paper every day	49.2	58.1	43.0	55.4	53.9
	[46.0–52.4]	[47.4–68.8]	[33.0–53.0]	[46.6–64.2]	[44.9–62.9]
TV Ads and Promotions					
In retail outlets	81.5	85.0	76.6	83.1	84.2
	[78.9–84.1]	[78.3–91.7]	[66.9–86.3]	[76.7–89.4]	[78.1–90.3]
In magazines	43.4	45.6	42.2	34.7	51.8
	[40.2–46.7]	[34.6–56.5]	[32.4–52.0]	[26.2–43.2]	[42.7–60.8]
Direct mail	10.8	15.3	9.7	12.6	6.8
	[08.8–12.8]	[7.1–23.4]	[4.3–15.1]	[6.3–18.9]	[2.0–11.6]
Tobacco-Related News Stories					
On television	49.1	49.6	48.2	45.9	55.4
	[45.8–52.4]	[38.3–60.9]	[38.0–58.4]	[36.8–55.0]	[46.3–64.4]
In the newspaper	34.8	41.7	30.1	35.5	41.0
	[31.6–37.9]	[30.6–52.8]	[20.4–39.8]	[26.7–44.2]	[31.7–50.3]
Antitobacco Efforts					
Antitobacco groups	18.3	9.9	17.2	19.6	14.9
	[15.7–20.8]	[3.7–16.2]	[8.3–26.1]	[12.9–26.4]	[9.1–20.7]
Restaurant bans	45.3	31.1	43.7	62.3	33.8
	[42.1–48.5]	[21.6–40.7]	[33.7–53.6]	[53.6–71.0]	[25.1–42.5]
Workplace bans	45.5	34.0	40.7	55.2	45.7
	[42.3–48.7]	[24.3–43.8]	[31.0–50.3]	[46.2–64.1]	[36.8–54.6]
Antitobacco info	12.4	13.9	13.3	7.1	18.5
	[10.2–14.5]	[6.4–21.4]	[7.1–19.6]	[3.3–11.0]	[10.0–26.9]
Indiana campaign	14.4	2.7	14.5	20.5	22.3
	[12.2–16.5]	[0.7–04.6]	[8.4–20.6]	[12.8–28.2]	[14.2–30.5]

Table D-4. Opinions about Tobacco Control Policy [95 Percent Confidence Intervals]

	Overall	Northwest	N. Central	Northeast	C. West
Support for Smoking Bans					
Restaurants	48.0	46.4	54.1	47.1	49.8
	[44.8–51.3]	[35.5–57.3]	[44.1–64.2]	[38.1–56.1]	[40.8–58.9]
Shopping malls	57.8	57.7	62.3	60.6	57.2
	[54.6–61.0]	[46.8–68.5]	[52.6–71.9]	[51.8–69.3]	[48.2–66.3]
Bars and cocktail lounges	20.1	24.4	22.2	14.7	23.5
	[17.4–22.7]	[14.9–33.9]	[12.7–31.7]	[08.6–20.7]	[16.0–31.0]
Tobacco Ads/Sponsorship					
Coupons to promote gear	68.0	76.1	74.6	62.4	62.8
	[65.0–71.0]	[67.3–84.8]	[66.3–82.9]	[53.5–71.3]	[53.7–71.9]
Event sponsorship	33.7	37.0	41.3	32.4	26.8
	[30.6–36.9]	[26.3–47.8]	[30.8–51.8]	[24.2–40.7]	[18.9–34.7]

Appendix E:

Indiana ATS Highlights by Region (II)

Table E-1. Cigarette Use and Smoking Cessation [95 Percent Confidence Intervals]

	Overall	C. Indy	Central East	Southwest	Southeast
Smoking Status					
Current	27.7	26.6	30.4	25.6	33.0
	[24.9–30.6]	[20.9–32.4]	[23.0–37.7]	[18.9–32.3]	[23.6–42.4]
Early	0.6	1.5	0.3	0.1	0.0
	[0–1.1]	[0.0–3.3]	[0.0–0.8]	[0.0–0.4]	[0.0–0.0]
Former	25.6	27.2	27.0	26.6	24.1
	[22.6–28.6]	[21.0–33.3]	[19.0–35.1]	[19.4–33.9]	[16.3–31.8]
Never	46.1	44.7	42.3	47.6	42.9
	[42.9–49.3]	[38.1–51.4]	[34.2–50.4]	[39.4–55.9]	[33.5–52.3]
Quitting Intentions and Behavior					
Quit Intentions					
Next 30 days?	24.6	22.6	19.3	12.5	24.3
	[19.2–30.0]	[13.3–31.9]	[9.3–29.3]	[4.1–20.9]	[10.1–38.5]
Quit Attempts					
Past year attempt	48.5	37.3	37.3	57.4	54.6
	[42.6–54.3]	[25.9–48.6]	[23.9–50.7]	[43.0–71.8]	[37.1–72.1]
Successful Quitters					
Past year successful	10.3	17.1	5.3	17.2	7.1
	[6.6–14.0]	[8.3–26.0]	[0.0–11.2]	[4.7–29.6]	[0.6–13.5]

Table E-2. Influences of Quitting Intentions and Behavior [95 Percent Confidence Intervals]

	Overall	C. Indy	Central East	Southwest	Southeast
Tobacco-Related Beliefs (among respondents who have smoked in the past year)					
Quit Benefits					
Little benefit	76.6 [73.9–79.2]	79.6 [74.4–84.8]	76.8 [69.6–83.9]	79.8 [73.5–86.0]	65.7 [56.0–75.3]
Little pregnancy benefit	80.5 [78.0–83.1]	81.8 [76.7–87.0]	75.0 [67.3–82.7]	84.0 [78.6–89.4]	71.4 [61.8–80.9]
Safety of Light Cigarettes	70.2	66.3	71.9	71.7	70.5
Light cigarettes safer	[67.1–73.3]	[59.8–72.8]	[64.2–79.5]	[64.5–78.9]	[61.4–79.6]
Cigarette Companies					
Cigarette companies deny	35.1 [32.0–38.3]	36.5 [30.1–42.9]	35.7 [27.7–43.8]	29.7 [22.1–37.4]	39.8 [30.0–49.7]
Leave cigarette companies alone	61.7 [58.8–64.9]	63.7 [57.3–70.1]	60.3 [52.2–68.5]	68.2 [60.6–75.8]	55.7 [46.2–65.3]
Sell a harmful product	56.2 [52.9–59.5]	54.9 [48.2–61.7]	58.2 [50.0–66.5]	55.7 [47.6–63.9]	46.9 [37.4–56.4]
Cigarette companies try make youth smk.	68.8 [65.8–71.8]	66.1 [59.8–72.5]	66.6 [58.9–74.4]	76.8 [70.6–83.1]	54.6 [44.9–64.3]
Beliefs about SHS Dangers					
SHS harmful?	53.3 [50.1–56.6]	50.7 [44.0–57.4]	57.1 [49.0–65.3]	54.2 [46.1–62.4]	50.7 [41.1–60.3]
SHS causes…?					
Child respiratory problems	91.0 [89.1–92.9]	89.4 [85.3–93.5]	92.9 [89.4–96.5]	92.1 [88.5–95.7]	86.6 [78.3–94.9]
Lung cancer	72.5 [69.5–75.4]	71.7 [65.5–77.8]	70.5 [62.8–78.3]	71.9 [64.9–78.9]	65.2 [55.5–74.9]
Heart disease	64.0 [60.8–67.1]	60.8 [54.2–67.5]	62.7 [54.6–70.8]	67.8 [60.4–75.3]	55.7 [46.0–65.4]
SIDS	34.3 [31.2–37.4]	33.0 [26.7–39.3]	29.8 [22.4–37.2]	34.1 [26.6–41.6]	33.0 [23.9–42.1]

(continued)

Table E-2. Influences of Quitting Intentions and Behavior [95 Percent Confidence Intervals] (continued)

	Overall	C. Indy	Central East	Southwest	Southeast
Other Potential Influences on Quit Intentions and Quit Attempts (among current smokers)					
Self–Efficacy Beliefs					
Quit likelihood	39.3 [33.2–45.4]	44.0 [31.4–56.6]	38.3 [23.9–52.7]	36.1 [22.4–49.8]	43.5 [24.4–62.6]
Health Coverage					
Pays for cessation services	14.5 [10.7–18.3]	18.7 [9.5–28.0]	11.9 [3.5–20.4]	19.4 [8.0–30.9]	10.2 [1.5–18.9]
Past 12 month visit?	63.5 [57.8–69.2]	65.8 [54.0–77.6]	63.5 [49.5–77.5]	63.0 [48.9–77.1]	57.9 [41.1–74.8]
Advised not to smoke?	43.1 [37.1–49.1]	45.9 [33.4–58.4]	39.5 [26.4–52.6]	35.9 [21.8–50.0]	38.5 [19.0–58.0]
Aware of cessation services?	60.0 [54.3–65.7]	64.7 [53.3–76.2]	48.8 [34.6–63.0]	57.2 [42.4–71.9]	71.9 [57.8–86.0]

Table E-3. Exposure to Pro- and Antitobacco Messages [95 Percent Confidence Intervals]

	Overall	C. Indy	Central East	Southwest	Southeast
Media Use					
Watch television every day	72.4	74.8	73.3	69.1	67.1
	[69.4–75.3]	[69.2–80.4]	[65.7–80.9]	[61.2–76.9]	[57.8–76.3]
Read paper every day	49.2	46.5	57.5	46.1	39.7
	[46.0–52.4]	[39.8–53.2]	[49.4–65.6]	[37.9–54.3]	[30.5–48.8]
TV Ads and Promotions					
In retail outlets	81.5	81.1	80.0	82.9	80.0
	[78.9–84.1]	[75.7–86.4]	[73.2–86.7]	[77.1–88.7]	[71.0–88.9]
In magazines	43.4	41.7	52.3	44.9	40.4
	[40.2–46.7]	[34.9–48.4]	[43.9–60.8]	[36.6–53.3]	[30.7–50.2]
Direct mail	10.8	11.2	14.6	5.6	10.0
	[8.8–12.8]	[7.2–15.1]	[8.3–21.0]	[2.4–08.7]	[3.8–16.2]
Tobacco-Related News Stories					
On television	49.1	49.7	52.9	46.0	46.2
	[45.8–52.4]	[42.9–56.5]	[44.4–61.4]	[37.7–54.3]	[36.4–55.9]
In the newspaper	34.8	32.3	34.1	37.2	29.9
	[31.6–37.9]	[25.8–38.8]	[26.2–41.9]	[29.0–45.3]	[21.4–38.5]
Antitobacco Efforts					
Antitobacco groups	18.3	21.2	18.0	27.1	12.5
	[15.7–20.8]	[15.6–26.8]	[12.1–23.9]	[20.1–34.2]	[5.9–19.1]
Restaurant bans	45.3	48.7	57.8	47.8	35.8
	[42.1–48.5]	[42.0–55.4]	[49.6–66.1]	[39.6–56.1]	[26.5–45.1]
Workplace bans	45.5	48.5	50.9	49.9	38.1
	[42.3–48.7]	[41.8–55.2]	[42.6–59.2]	[41.7–58.1]	[28.4–47.8]
Antitobacco info	12.4	12.5	14.4	10.0	10.1
	[10.2–14.5]	[8.0–17.0]	[8.2–20.7]	[5.3–14.6]	[5.2–14.9]
Indiana campaign	14.4	17.4	14.6	15.9	5.2
	[12.2–16.5]	[12.3–22.5]	[8.6–20.7]	[10.5–21.4]	[1.6–08.7]

Table E-4. Opinions about Tobacco Control Policy [95 Percent Confidence Intervals]

	Overall	C. Indy	Central East	Southwest	Southeast
Support for Smoking Bans					
Restaurants	48.0	47.3	43.0	55.7	37.6
	[44.8–51.3]	[40.7–54.0]	[34.8–51.2]	[47.5–63.9]	[28.2–47.0]
Shopping malls	57.8	58.5	52.1	59.0	50.3
	[54.6–61.0]	[51.9–65.1]	[43.8–60.5]	[50.9–67.1]	[40.7–59.9]
Bars and cocktail lounges	20.1	19.2	16.4	21.4	17.8
	[17.4–22.7]	[14.0–24.4]	[10.7–22.1]	[14.7–28.2]	[11.1–24.5]
Coupons to promote gear	68.0	66.4	70.6	66.9	62.5
	[65.0–71.0]	[60.0–72.9]	[62.7–78.5]	[59.1–74.6]	[53.4–71.7]
Event sponsorship	33.7	32.7	35.1	33.9	28.3
	[30.6–36.9]	[26.4–39.0]	[27.1–43.1]	[26.2–41.6]	[19.9–36.6]